KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 36018
Name: Evolution Technology, LLC
Address 1: 213 W MASON STE B
Address 2:
City: ODESSA State: MO Zip: 64076 + 1262
Contact Person: joe
Phone: (816) 564-2814
Lease Name: HOLLOWAY
Well Number: 4

API No.: 15-207-27651-00-01
Permit No: D34348.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NE - NW Sec. 20 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
5069 feet from ☐ N / ☑ S Line of Section
2835 feet from ☑ E / ☐ W Line of Section
County: Woodson

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 50 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	310	0			31
February	280	0			28
March	310	0			31
April	300	0			30
May	310	0			31
June	300	0			30
July	310	0			31
August	300	0			31
September	300	0			30
October	310	0			31
November	300	0			30
December	310	0			31
TOTAL	3640		0		

Submitted Electronically