

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: STEWART
Well Number: 15-27SWD

API No.: 15-011-23453-00-01
Permit No: D30824.0
Reporting Year: 2024
(January 1 to December 31)
____ - SW - SW - SE Sec. 27 Twp. 23 S. R. 22 ☒ E ☐ W
(a/a/a/a)
619 feet from ☐ N / ☒ S Line of Section
2291 feet from ☒ E / ☐ W Line of Section
County: Bourbon

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: 300 psi Injection Zone: REAGAN,PRE-CAMBRIAN
Maximum Authorized Injection Rate: 5000 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	<u>0</u>				
	February	<u>0</u>				
	March	<u>0</u>				
	April	<u>0</u>				
	May	<u>0</u>				
	June	<u>0</u>				
	July	<u>0</u>				
	August	<u>0</u>				
	September	<u>0</u>				
	October	<u>0</u>				
	November	<u>0</u>				
	December	<u>0</u>				
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically