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 # 5970
Name: Elmore, John A. or Patricia R.
Address 1: 776 HWY 99
Address 2:
City: SEDAN State: KS Zip: 67361 + 8564
Contact Person: John Elmore
Phone: (620) 249-2519
Lease Name: SHADE
Well Number: 8

API No.: 15-019-27392-00-00
Permit No: E28227.2
Reporting Year: 2020
(January 1 to December 31)

SW - NW - NE - SW Sec. 8 Twp. 34 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2187 feet from ☐ N / ☑ S Line of Section
3874 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 400 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 300 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	3100	250	0		31
February	2900	250	0		29
March	3100	250	0		31
April	3000	250	0		30
May	3100	250	0		31
June	3000	250	0		30
July	3100	250	0		31
August	3100	250	0		31
September	3000	250	0		30
October	3100	250	0		31
November	3000	250	0		30
December	3100	250	0		31
TOTAL	36600		0		

Submitted Electronically