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. and Patricia R.
Address 1: 776 HWY 99
Address 2:
City: SEDAN State: KS Zip: 67361 + 8564
Contact Person: John A. Elmore
Phone: ( 620 ) 249-2519
Lease Name: SPUR RANCH A
Well Number: 11

API No.: 15-019-23308-00-00
Permit No: E20108.6
Reporting Year: 2021
*(January 1 to December 31)*

SE - SE - NE - SW Sec. 8 Twp. 34 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
1420 feet from ☐ N / ☑ S Line of Section
2711 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: 350 psi Injection Zone: WAYSIDE SAND
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 | 0 | 0 | 0 | | 0 |
| February | 0 | 0 | 0 | | 0 |
| March | 0 | 0 | 0 | | 0 |
| April | 0 | 0 | 0 | | 0 |
| May | 0 | 0 | 0 | | 0 |
| June | 0 | 0 | 0 | | 0 |
| July | 0 | 0 | 0 | | 0 |
| August | 0 | 0 | 0 | | 0 |
| September | 0 | 0 | 0 | | 0 |
| October | 0 | 0 | 0 | | 0 |
| November | 0 | 0 | 0 | | 0 |
| December | 0 | 0 | 0 | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically