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: 7

API No.: 15-019-22401-00-00
Permit No: E20108.4
Reporting Year: 2021
(January 1 to December 31)

SE - SW - NW - SE Sec. 8 Twp. 34 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1446 feet from ☐ N / ☑ S Line of Section
2055 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: PERU
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