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: SHADE
Well Number: 8

API No.: 15-019-27392-00-00
Permit No: E28227.2
Reporting Year: 2022
(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			31
February	2800	250			28
March	3100	250			31
April	3000	250			30
May	3100	250			31
June	3000	250			30
July	3100	250			31
August	3100	250			31
September	3000	250			30
October	3100	250			31
November	3000	250			30
December	3100	250			31
TOTAL	36500		0		

Submitted Electronically