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 # 36033
Name: ELB Enterprise LLC
Address 1: 18767 WEST 165TH STREET
Address 2:
City: OLATHE State: KS Zip: 66062 + __ __ __ __
Contact Person: Lesli Baker
Phone: (913) 231-4515
Lease Name: COUGHENOUR
Well Number: 1W-07

API No.: 15-059-25274-00-00
Permit No: E07526.82
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NW - SW Sec. 3 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
2201 feet from ☐ N / ☑ S Line of Section
4972 feet from ☑ E / ☐ W Line of Section
County: Franklin

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 700 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 60 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	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	2
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	0		0		

Submitted Electronically