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 Elmore
Phone: (620) 249-2519
Lease Name: RANCH (RIGDON BRUEN FEE)
Well Number: 181

API No.: 15-019-21667-00-01
Permit No: E21481.3
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - NW Sec. 31 Twp. 33 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
4621 feet from ☐ N / ☑ S Line of Section
4639 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: 500 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	4650	250			31
February	4350	250			29
March	4650	250			31
April	4500	250			30
May	4650	250			31
June	4500	250			30
July	4650	250			31
August	4650	250			31
September	4500	250			30
October	4650	250			31
November	4500	250			30
December	4650	250			31
TOTAL	54900		0		

Submitted Electronically