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 # 34545
Name: ELM III Operating Company LLC
Address 1: 1249 E. 33RD
Address 2:
City: EDMOND State: OK Zip: 73013 + __ __ __ __
Contact Person: Tripp Markwell
Phone: (405) 232-0418
Lease Name: ETZOID UNIT NORTH
Well Number: SWD 1

API No.: 15-175-22193-00-00
Permit No: D30969.0
Reporting Year: 2017
(January 1 to December 31)

____ - W2 - W2 - W2 Sec. 22 Twp. 33 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
2678 feet from ☑ N / ☐ S Line of Section
4931 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 1000 psi Injection Zone: HOWARD,TOPEKA
Maximum Authorized Injection Rate: 2000 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	9000	0	0		31
February	9000	0	0		28
March	9000	0	0		31
April	9000	0	0		30
May	9000	0	0		31
June	9000	0	0		30
July	9000	0	0		31
August	9000	0	0		30
September	9000	0	0		30
October	9000	0	0		31
November	9000	0	0		30
December	9000	0	0		31
TOTAL	108000		0		

Submitted Electronically