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: HITCH UNIT
Well Number: 7-2

API No.: 15-175-20724-00-02
Permit No: E29010.2
Reporting Year: 2018
(January 1 to December 31)

____ - E2 - NE - NE Sec. 15 Twp. 33 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
4635 feet from ☐ N / ☑ S Line of Section
317 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: 2000 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 2500 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	00				0
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	0				0
September	0				0
October	0				0
November	0				0
December	00				0
TOTAL	0		0		

Submitted Electronically