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: 9-4

API No.: 15-175-20613-00-02
Permit No: E29010.3
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - NE - SE Sec. 15 Twp. 33 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
2120 feet from ☐ N / ☑ S Line of Section
744 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	6000				31
February	6000				28
March	6000				31
April	6000				30
May	6000				31
June	6000				30
July	6000				31
August	6000				31
September	6000				30
October	6000				31
November	6000				30
December	6000				31
TOTAL	72000		0		

Submitted Electronically