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 ST
Address 2:
City: EDMOND State: OK Zip: 73013 + 6307
Contact Person: tripp Markwell
Phone: (405) 232-0418
Lease Name: BROTHERS OWWO
Well Number: 2

API No.: 15-035-00832-00-01
Permit No: D21752.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SW Sec. 31 Twp. 31 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
2317 feet from ☐ N / ☑ S Line of Section
4323 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 250 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 700 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				
February	0				
March	0				
April	00				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically