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) 2320418
Lease Name: ETZOID UNIT NORTH
Well Number: SWD 1

API No.: 15-175-22193-00-00
Permit No: D30969.0
Reporting Year: 2023
(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				31
February	5000				28
March	9000				31
April	6000				30
May	4000				31
June	9000				30
July	9000				31
August	4000				30
September	4000				30
October	4000				31
November	4000				30
December	4000				31
TOTAL	71000		0		

Submitted Electronically