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 # 35795
Name: Elevate Energy Ltd
Address 1: PO BOX 460
Address 2:
City: ELIZABETH State: CO Zip: 80107 + 0460
Contact Person: Brady Pfeiffer
Phone: ( 303 ) 906-1107
Lease Name: GRIFFEY
Well Number: 18-D

API No.: 15-065-22313-00-01
Permit No: E25940.1
Reporting Year: 2024
(January 1 to December 31)

____ - NE - SE - SE Sec. 18 Twp. 6 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
667 feet from ☐ N / ☑ S Line of Section
639 feet from ☑ E / ☐ W Line of Section
County: Graham

**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: KANSAS CITY
Maximum Authorized Injection Rate: 400 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 | 2080 | 195 | | | 16 |
| February | 3343 | 195 | | | 28 |
| March | 4112 | 195 | | | 30 |
| April | 4027 | 195 | | | 30 |
| May | 3444 | 195 | | | 26 |
| June | 4864 | 180 | | | 29 |
| July | 5001 | 180 | | | 31 |
| August | 4179 | 180 | | | 31 |
| September | 3769 | 180 | | | 28 |
| October | 4619 | 180 | | | 31 |
| November | 3043 | 180 | | | 30 |
| December | 3453 | 180 | | | 31 |
| ***TOTAL*** | 45934 | | 0 | | |

Submitted Electronically