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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: CBCF
Well Number: 6-31

API No.: 15-195-23075-00-01
Permit No: E32343.2
Reporting Year: 2024
(January 1 to December 31)

NE - NW - SE - NE (Q/Q/Q/Q) Sec. 31 Twp. 14 S. R. 21 ☐ E ☑ W
1642 feet from ☑ N / ☐ S Line of Section
802 feet from ☑ E / ☐ W Line of Section
County: Trego

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: CHEROKEE
Maximum Authorized Injection Rate: 200 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	1762	700			11
February	4971	700			29
March	4395	800			31
April	3994	700			28
May	4972	900			28
June	5428	800			30
July	4571	700			27
August	4257	900			26
September	4168	900			26
October	5061	800			31
November	4879	600			30
December	5945	600			31
TOTAL	54403		0		

Submitted Electronically