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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: 3-31

API No.: 15-195-22490-00-01
Permit No: E32343.1
Reporting Year: 2025
(January 1 to December 31)

SW - SW - NE - SE (Q/Q/Q/Q) Sec. 31 Twp. 14 S. R. 21 ☐ E ☑ W
1514 feet from ☐ N / ☑ S Line of Section
1315 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	5580	600			31
February	4770	60			23
March	5858	600			29
April	5678	600			30
May	5987	600			31
June	5139	600			30
July	5850	600			31
August	5203	600			31
September	3115	600			30
October	3274	600			31
November	3349	700			30
December	3453	700			31
TOTAL	57256		0		

Submitted Electronically