1288649

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 # 34318
Name: BEREXCO LLC
Address 1: 2020 N. BRAMBLEWOOD
Address 2:
City: WICHITA State: KS Zip: 67206 + 1094
Contact Person: Emma Richmond
Phone: (316) 265-3311
Lease Name: CLYDE
Well Number: 2

API No.: 15-167-02272-00-01
Permit No: E07567.5
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SW - N2 Sec. 19 Twp. 14 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1003 feet from ☐ N / ☑ S Line of Section
4572 feet from ☑ E / ☐ W Line of Section
County: Russell

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 1500 psi Injection Zone: LKC
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	6386	760	0		31
February	6496	780	0		28
March	7130	800	0		31
April	6460	800	0		30
May	7130	800	0		31
June	6780	800	0		30
July	6820	800	0		31
August	6738	800	0		31
September	6450	800	0		30
October	6510	800	0		31
November	6180	800	0		30
December	6262	800	0		31
TOTAL	79342		0		

Submitted Electronically