1332108

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: LAHMAN UNIT
Well Number: 5

API No.: 15-077-20008-00-02
Permit No: E28792.2
Reporting Year: 2016
(January 1 to December 31)

____ - NW - NE - E2 Sec. 12 Twp. 34 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
4633 feet from ☐ N / ☑ S Line of Section
3324 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 1000 psi Injection Zone: LKC
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	4644	830	0		31
February	3859	830	0		29
March	4246	830	0		31
April	3922	830	0		30
May	3904	830	0		31
June	3432	830	0		30
July	3471	920	0		31
August	3200	920	0		31
September	3245	830	0		30
October	3171	830	0		31
November	3254	830	0		28
December	4017	830	0		31
TOTAL	44365		0		

Submitted Electronically