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 # 3809
Name: MEM Partnership LP, a General Partnership
Address 1: PO BOX 130832
Address 2:
City: SPRING State: TX Zip: 77393 + 0832
Contact Person: William Story
Phone: (936) 828-6018
Lease Name: BERNDSEN
Well Number: 1

API No.: 15-015-00050-00-01
Permit No: D21341.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - SW Sec. 15 Twp. 26 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
1772 feet from ☐ N / ☑ S Line of Section
3001 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	1204	0	0		29
February	1162	0	0		29
March	1236	0	0		25
April	876	0	0		25
May	1167	0	0		27
June	1236	0	0		30
July	1127	0	0		29
August	1192	0	0		30
September	1156	0	0		27
October	962	0	0		22
November	834	0	0		24
December	923	0	0		21
TOTAL	13075		0		

Submitted Electronically