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 # 4419
Name: Bear Petroleum, LLC
Address 1: PO BOX 438
Address 2:
City: HAYSVILLE State: KS Zip: 67060 + 0438
Contact Person: Shannon Howland
Phone: (316) 524-1225
Lease Name: HOLOPIREK
Well Number: B-2

API No.: 15-165-21373-00-01
Permit No: D27406.0
Reporting Year: 2019
(January 1 to December 31)

SW - NE - NW - ____ Sec. 28 Twp. 18 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4288 feet from ☐ N / ☑ S Line of Section
3683 feet from ☑ E / ☐ W Line of Section
County: Rush

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: 500 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	3600	0	0	0	31
February	1680	0	0	0	28
March	7440	0	0	0	31
April	7200	0	0	0	30
May	3600	0	0	0	31
June	7200	0	0	0	30
July	7200	0	0	0	31
August	7200	0	0	0	31
September	7200	0	0	0	30
October	6480	0	0	0	31
November	6480	0	0	0	30
December	1440	0	0	0	31
TOTAL	66720		0		

Submitted Electronically