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 # 32613
Name: BEMCO, LLC
Address 1: PO BOX 241
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + 0241
Contact Person: Helen Abt
Phone: (620) 213-0411
Lease Name: MAC
Well Number: 1

API No.: 15-007-21428-00-02
Permit No: D21045.0
Reporting Year: 2020
(January 1 to December 31)

____ - E2 - E2 - NW Sec. 7 Twp. 32 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
3958 feet from ☐ N / ☑ S Line of Section
2991 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 3000 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	10530	0	0	0	31
February	11710	0	0	0	28
March	12472	0	0	0	31
April	9080	0	0	0	30
May	5923	0	0	0	31
June	9819	0	0	0	30
July	9953	0	0	0	31
August	11885	0	0	0	31
September	11966	0	0	0	30
October	10090	0	0	0	31
November	10529	0	0	0	30
December	8547	0	0	0	31
TOTAL	122504		0		

Submitted Electronically