

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
CASING MECHANICAL INTEGRITY TEST**

Form U-7  
August 2019

Disposal:  Enhanced Recovery:  KCC District No.: \_\_\_\_\_  
 Operator License No.: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

API No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_  
 \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ Sec. \_\_\_ Twp. \_\_\_ S. R. \_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Lease: \_\_\_\_\_ Well No.: \_\_\_\_\_  
 County: \_\_\_\_\_

Well Construction Details:  New well  Existing well with changes to construction  Existing well with no changes to construction

Maximum Authorized Injection Pressure: \_\_\_\_\_ psi Maximum Injection Rate: \_\_\_\_\_ bbl/d

	<i>Conductor</i>	<i>Surface</i>	<i>Intermediate</i>	<i>Production</i>	<i>Liner</i>	<i>Tubing</i>
Size: _____	_____	_____	_____	_____	_____	Size: _____
Set at: _____	_____	_____	_____	_____	_____	Set at: _____
Sacks of Cement: _____	_____	_____	_____	_____	_____	Type: _____
Cement Top: _____	_____	_____	_____	_____	_____	
Cement Bottom: _____	_____	_____	_____	_____	_____	

Packer Type: \_\_\_\_\_ Set at: \_\_\_\_\_

DV Tool  Port Collar Depth of: \_\_\_\_\_ feet with \_\_\_\_\_ sacks of cement TD (and plug back): \_\_\_\_\_ feet depth

**Zone of Injection** Formation: \_\_\_\_\_ Top Feet: \_\_\_\_\_ Bottom Feet: \_\_\_\_\_ Perf. or Open Hole: \_\_\_\_\_

Is there a Chemical Sealant or a Mechanical Casing patch in the annular space?  Yes  No

**If Dual Completion** - Injection is:  Above Production  Below Production

**FIELD DATA**

GPS Location: Datum:  NAD27  NAD83  WGS84 Lat: \_\_\_\_\_ Long: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

MIT Type: \_\_\_\_\_ MIT Reason: \_\_\_\_\_

Time in Minute(s): \_\_\_\_\_

Pressures: Set up 1 \_\_\_\_\_

Set up 2 \_\_\_\_\_

Set up 3 \_\_\_\_\_

Tested:  Casing  or Casing - Tubing Annulus System Pressure during test: \_\_\_\_\_ Bbls. to load annulus: \_\_\_\_\_

Test Date: \_\_\_\_\_ Using: \_\_\_\_\_ Company's Equipment

The zone tested for this well is between \_\_\_\_\_ feet and \_\_\_\_\_ feet.

The test results were verified by operator's representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

<p><b>KCC Office Use Only</b></p> <p>The results were:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Next MIT: _____</p>	<p>State Agent: _____ Title: _____ Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____</p>
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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**APPLICATION TO AMEND INJECTION PERMIT**

Form U-8  
July 2003  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

- Salt Water Disposal
- Repressuring
- Other Enhanced Recovery

Permit Number: E-11,795 2-JE ✓  
NE(10)NW(1) 1/4 Sec. 10&11 Twp. 18 S. R. 9  East  West  
330 Feet from  North /  South Section Line  
330 Feet from  East /  West Section Line  
 Lease: Staatz-Schroeder Unit  
 Well #: 2 P+A, per letter dated 8/12/20  
Rice ReDesignate Pilot Well as T3-W7 County, Kansas  
 Originally granted to: Shallow Water Refining Company

*(All information above this line taken from the original permit)*

Current Operator: License # 34318 Exp. 10/30/20 Contact Person: Clint Bleier (CC)  
 Company Name: Berexco LLC Emma Richmond Received  
(As listed on operator license) KANSAS CORPORATION COMMISSION  
 Address: 2020 N. Bramblewod, Wichita, KS 67206 SEP 21 2020  
 Phone: 316-337-8353 CONSERVATION DIVISION  
WICHITA, KS

It is requested that the (caption) (paragraph # \_\_\_\_\_) of the original permit be amended as follows:

- A. Change the authorized injection pressure to: \_\_\_\_\_ psi maximum from the current permitted pressure of \_\_\_\_\_ psi.
- B. Change the authorized injection rate to: \_\_\_\_\_ bbl/day maximum from the current rate of \_\_\_\_\_ bbl/day.
- C. Add ( \_\_\_\_\_ ) or delete ( \_\_\_\_\_ ) the following leases/facilities supplying produced saltwater or other fluids approved by the Conservation Division.

Company Name	Lease Name	Lease Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

*(Attach additional sheets if necessary)*

- D. Change the permit by: ( X ) add the following repressuring wells: Staatz-Schroeder Unit #6-12 in Sec 10  
 ( \_\_\_\_\_ ) change the injection formation; or ( \_\_\_\_\_ ) change well construction; or ( \_\_\_\_\_ ) other:

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Paid \$100.00  
CK 142397  
9/22/20  
(U-1 Form, page 4 Required)

# NATIONAL COOPERATIVE REFINERY ASSOCIATION

PRODUCTION DEPARTMENT

P. O. BOX 6 - GREAT BEND, KANSAS 67530

August 12, 1982

State Corporation Commission  
200 Colorado Derby Building  
Wichita, Ks. 67202

Re: Staatz-Schroeder Unit  
NE/4 Section 10, NW/4  
Section 11-T18-R9W,  
Rice County, Kansas.  
Docket #C-11,795

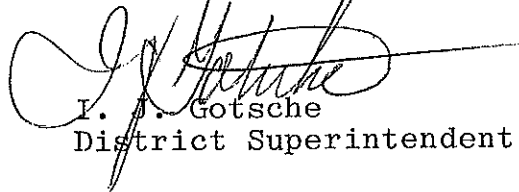
Attention: Mr. Frank Broadfoot

Dear Mr. Broadfoot:

Please be advised that Staatz #2, located 330' from the North line and 330' from the West line of the NW/4 of Section 11-18S-9W, Rice County, Kansas, has been plugged and abandoned.

This project is still in operation with the addition of three (3) injection wells.

Very truly yours,

  
I. J. Gotsche  
District Superintendent

IJG:ROF:pac

RECEIVED  
STATE CORPORATION COMMISSION  
AUG 16 1982  
CONSERVATION DIVISION  
Wichita, Kansas

FARMLAND INDUSTRIES, INC., KANSAS CITY, MISSOURI

FARMERS UNION CENTRAL EXCHANGE, INC., SAINT PAUL, MINNESOTA • LAND O'LAKES, INC., FORT DODGE, IOWA

FS SERVICES INC., BLOOMINGTON, ILLINOIS • MFA OIL COMPANY, COLUMBIA, MISSOURI • MIDLAND COOPERATIVES, INC., MINNEAPOLIS, MINNESOTA

Offset Operators, Unleased Mineral Owners and Landowners

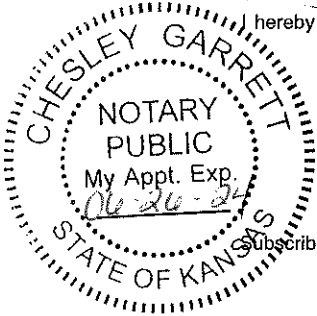
Form U-8

(Attach additional sheets if necessary)

Name <u>Berexco LLC</u>	Legal Description of Leasehold <u>Operator - N/2 and N/2 SE/4 Sec. 10, NW/4 Sec. 11-18S-9W</u>
<u>Wanda F. Plautz Trust</u>	<u>Surface owner - N/2 SE/4 Sec. 10-18S-9W</u>
<u>Arlen W. Janssen Living Trust</u>	<u>Unleased mineral owner - SW/4 Sec. 10-18S-9W</u>
<u>Dale C. Kinzler, Trustee</u>	<u>Unleased mineral owner - S/2 SE/4 Sec. 10-18S-9W</u>
<u>Edna Collingwood Trust</u>	<u>Unleased mineral owner - SW/4 Sec. 11-18S-9W</u>
<u>Vess Oil Corporation</u>	<u>Operator - N/2 Sec. 15-18S-9W</u>

Sedgwick Co, KS

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.



*[Handwritten Signature]*

Applicant or Duly Authorized Agent

Subscribed and sworn to before me this 17th day of September, 2020

*[Handwritten Signature: Chesley Garrett]*

Notary Public

My Commission Expires: 06/26/2024

Received  
KANSAS CORPORATION COMMISSION  
**SEP 21 2020**  
CONSERVATION DIVISION  
WICHITA, KS

**Instructions for Form U-8**

*Application to Amend Injection Permit*

- All requested changes in injection authority must be submitted with this form.
- Complete the top portion, (side 1) of the form with the information requested for the pilot well, as shown on the original order or permit.
- Complete the current operator information, listing the license number, current name and address, contact person and phone number.
- Fill in the type of change or amendment desired. Leave blank any sections not applicable.
- For amendments adding additional input wells to enhanced recovery permits, the following information must be submitted in addition to pages 1 and 2 of form U-8:
  - pages 1 and 2 of form U-1
  - an updated map, showing the new well(s) and all existing wells; page 4 of the form U-1.
  - a complete log of the well(s) to be added;
  - verification of cement (cement tickets, bond log, etc.)
- Attach Affidavit of Notice Served, page 5 of form U-1.
- Attach Affidavit of Publication from the official county newspaper.
- This form must be signed by the applicant or an authorized agent. A notarization of the signature is required.
- All applicable fees must accompany this application.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**APPLICATION FOR INJECTION WELL**

Form U-1  
November 2011  
**Form must be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

Disposal

Enhanced Recovery:  Repressuring  
 Waterflood  
 Tertiary

Date: 9/17/2020

Operator License Number: 34318

Operator: Berexco LLC

Address: 2020 N. Bramblewood, Wichita, KS 67206

Contact Person: Clint Bleier

Phone: 316-337-8353

Email: bleierc@berexco.com

Permit Number: E-11,795

API Number: 15-159-21303-00-01

**Well Location**

W2 - NE - NW - SE Sec. 10 Twp. 18 S. R. 9  E  W  
2310 feet from  N /  S Line of Section  
1835 feet from  E /  W Line of Section

GPS Location: Lat: 38.4992417, Long: -98.3001685  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

Lease Description: N2 & N2 SE/4 Sec. 10 & NW/4 Sec. 11  
18S - 9W

Lease Name: Staatz-Schroeder Well Number: 6-12

Field Name: Fredrick

County: Rice

**Deepest Usable Water**

Formation: Lower Cretaceous

Depth to Bottom of Formation: 280'

Check One:  Old Well Being Converted  Newly Drilled Well  Well to be Drilled

Surface Elevation: 1740 feet Well Total Depth: 3290 feet Plug Back Depth: 3287 feet

Datum of top of injection formation: 3240(-1495) feet (reference mean sea level)

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WICHITA, KS

**Injection Formation Description:**

Name	top / bottom	perf / open hole	depth
Simpson Sd	<u>3240</u> / <u>3259</u>	Perf	at <u>3243</u> to <u>3253</u> feet
			at _____ to _____ feet

**List of Wells/Facilities Supplying Produced Saltwater or Other Fluids Approved by the Conservation Division:**  
(attach additional sheets if necessary)

	Lease Operator	Lease/Facility Name	Lease/Facility Description	Well ID & Spot Location
1.	<u>Berexco LLC</u>	<u>Staatz-Schroeder Unit</u>	<u>n2&amp;n2 se 10, nw 11</u>	<u>#1-3 se nw nw 11-18s-9w</u>
2.	<u>Berexco LLC</u>	<u>Staatz Schroeder Unit</u>	<u>n2&amp;n2 se 10, nw 11</u>	<u>#4-11 se se nw 10-18s-9w</u>
3.				

	Producing Formation	Strata Depth	Total Dissolved Solids (if available)
1.	<u>Simpson Sd</u>	<u>3247</u> to <u>3257</u> feet	_____ mg/l
2.	<u>Simpson Sd</u>	<u>3224</u> to <u>3243</u> feet	_____ mg/l
3.		_____ to _____ feet	_____ mg/l

Maximum Requested Liquid Injection Rate: 1000 bbls / day; or

Maximum Requested Gas Injection Rate: \_\_\_\_\_ scf / day. Type of Gas: \_\_\_\_\_

Maximum Requested Injection Pressure: 1000 psig

**Well Completion**

Type:  Tubing & Packer       Packerless       Tubingless

	Conductor	Surface	Intermediate	Production	Tubing
Size		8-5/8"		5-1/2"	2-3/8"
Setting Depth		248'		3289'	+/-3193'
Amount of Cement		150sx		100sx	
Top of Cement		Surface		2900'	
Bottom of Cement		248'		3289'	

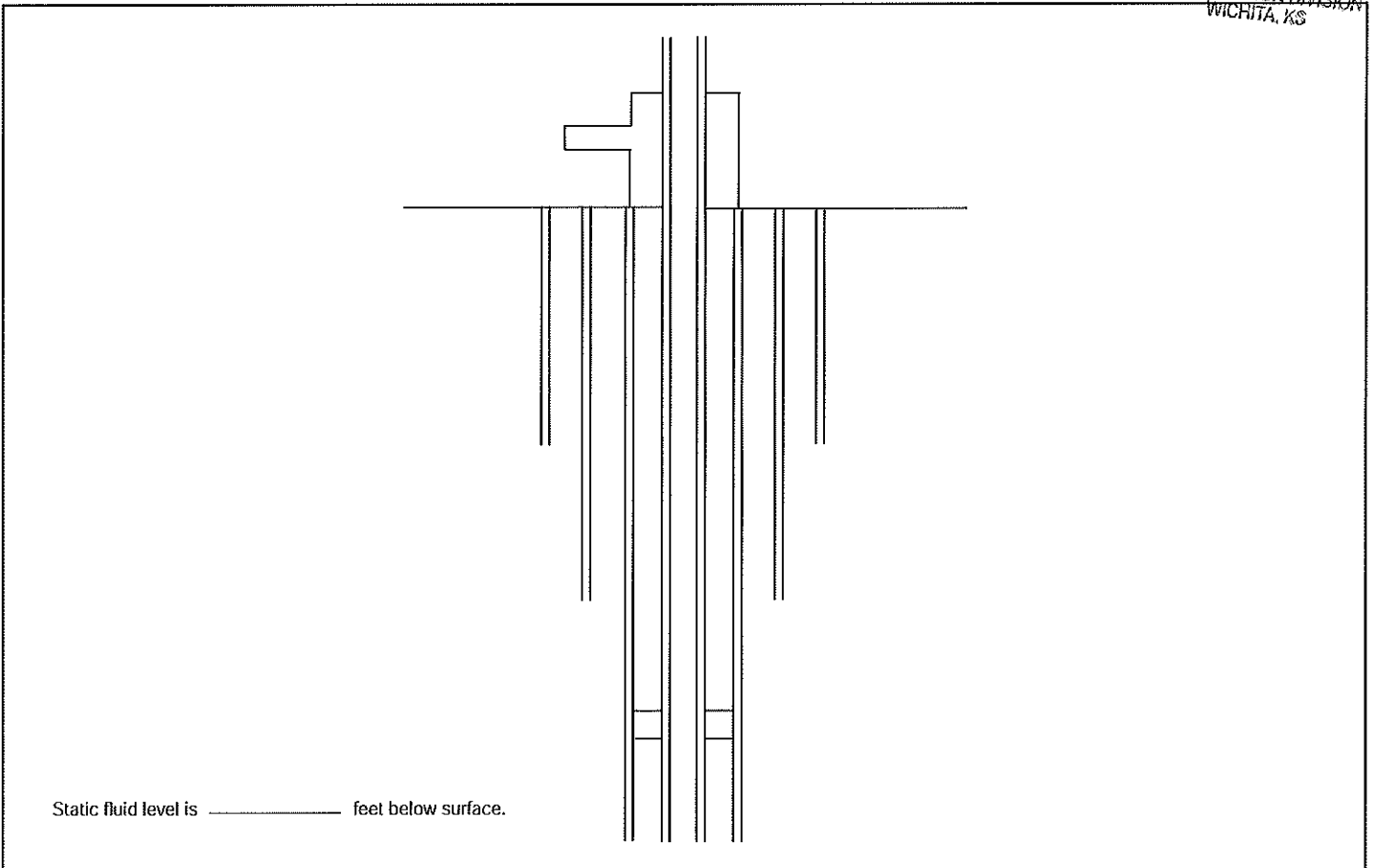
If Alternate II cementing, complete the following:

Perforations / D.V. Tool at NA feet, cemented to \_\_\_\_\_ feet with \_\_\_\_\_ sx.  
 Tubing: Type 2-3/8" Plastic Lined Tubing Grade J55  
 Packer: Type Tension Depth +/-3193  
 Annulus Corrosion Inhibitor: Type Treated Fresh Water Concentration 0.05%  
 List Logs Enclosed: Radiation Log

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**SEP 21 2020**  
CONSERVATION DIVISION  
WICHITA, KS

**Well Sketch**

(To sketch installation, darken the appropriate lines, indicate cement, and show depths.)



# APPLICATION FOR INJECTION WELL

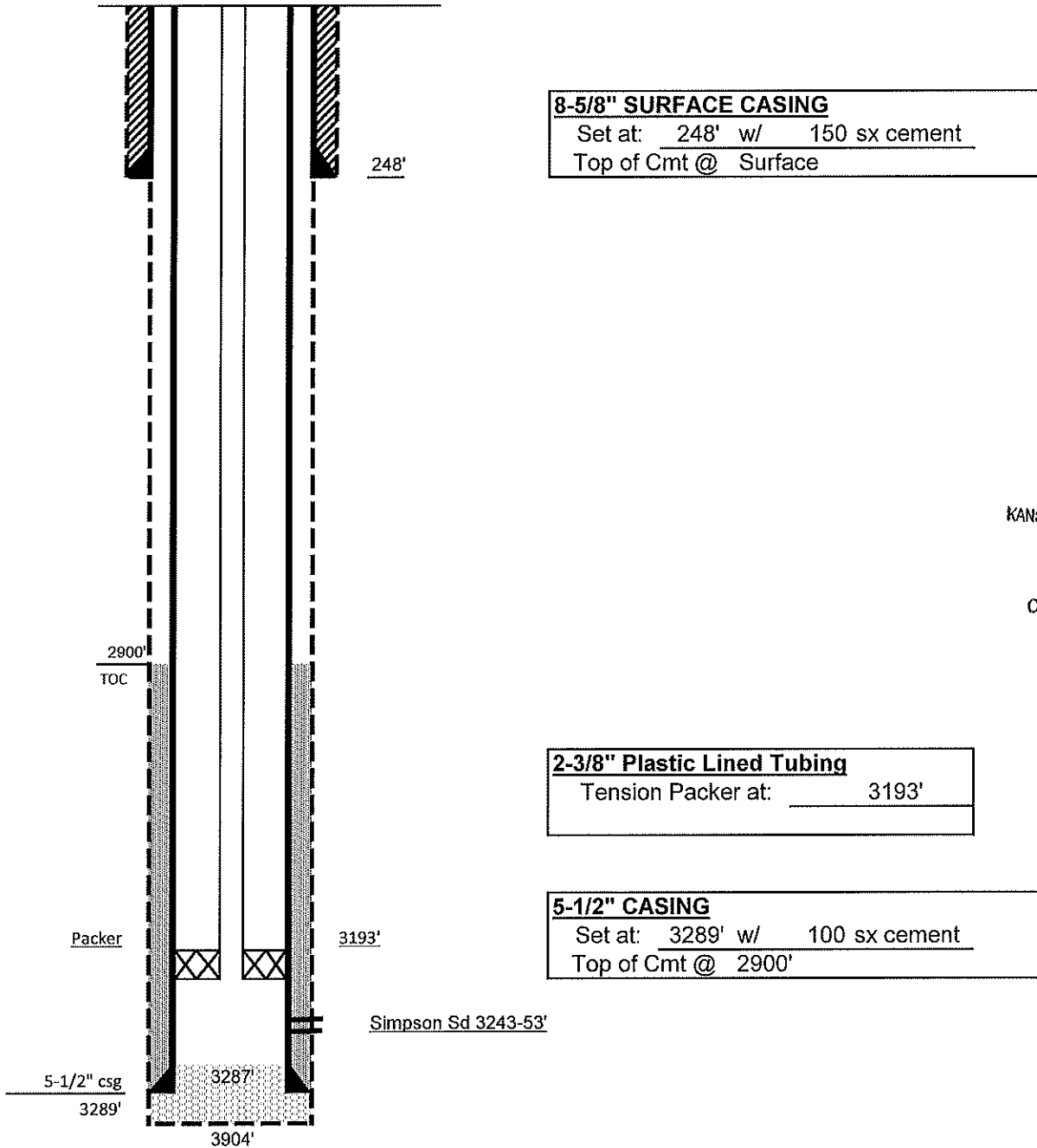
**Form U-1**

Page 2

## WELLBORE DIAGRAM

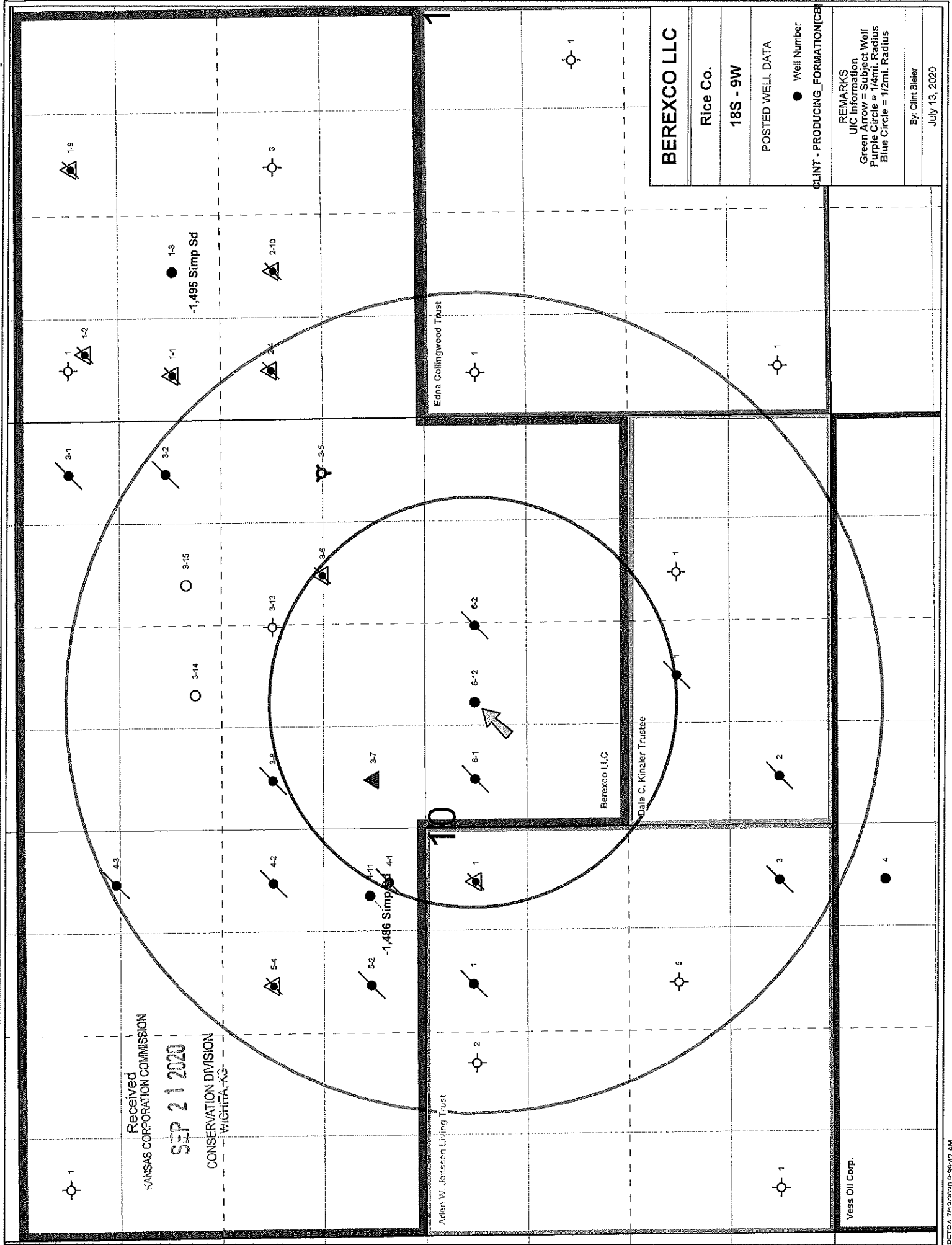
**LEASE** Staatz-Schroeder Unit #6-12 **API: 15-** 159-21303  
W2 NE NW SE **Sec** 10, 18S - 9W Rice **COUNTY** KANSAS  
2310' FSL and 1835' FEL

**INJECTION ZONE:** Simpson Sd **BTW:** Lower Cretaceous @ 280'



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 WICHITA, KS

TD 3290'      PBSD 3287'



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**SEP 21 2020**  
 CONSERVATION DIVISION  
 WICHITA, KS

-1,495 Simp Sd

-1,486 Simp Sd

<b>BEREXCO LLC</b>
Rice Co.
18S - 9W
POSTED WELL DATA
● Well Number
CLINT - PRODUCING FORMATION [CB]
REMARKS UIC Information Green Arrow = Subject Well Purple Circle = 1/4mi. Radius Blue Circle = 1/2mi. Radius
By: Clint Bleier
July 13, 2020