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: LEIKER
Well Number: 2

API No.: 15-051-03125-00-02
Permit No: E27188.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - NW Sec. 30 Twp. 15 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4280 feet from ☐ N / ☑ S Line of Section
4321 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0	0	0
February	4350	0	0	0	29
March	4650	50	0	0	31
April	4500	50	0	0	30
May	4650	50	0	0	31
June	4500	50	0	0	30
July	4650	50	0	0	31
August	4650	50	0	0	31
September	4500	50	0	0	30
October	4650	50	0	0	31
November	4500	50	0	0	30
December	4650	50	0	0	31
TOTAL	50250		0		

Submitted Electronically