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: HINES UNIT
Well Number: 1X

API No.: 15-167-01713-00-01
Permit No: E30818.5
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - NE - NW Sec. 16 Twp. 11 S. R. 15 ☐ E ☑ W
*(Q/Q/Q/Q)*
4950 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 1250 psi Injection Zone: Tor LKC
Maximum Authorized Injection Rate: 750 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 13020 | 900 | 0 | 0 | 31 |
| February | 10730 | 800 | 0 | 0 | 29 |
| March | 13485 | 900 | 0 | 0 | 31 |
| April | 13350 | 950 | 0 | 0 | 30 |
| May | 10695 | 900 | 0 | 0 | 31 |
| June | 10200 | 950 | 0 | 0 | 30 |
| July | 10540 | 900 | 0 | 0 | 31 |
| August | 11160 | 1000 | 0 | 0 | 31 |
| September | 12450 | 1000 | 0 | 0 | 30 |
| October | 13485 | 950 | 0 | 0 | 31 |
| November | 11100 | 950 | 0 | 0 | 30 |
| December | 10695 | 900 | 0 | 0 | 31 |
| ***TOTAL*** | 140910 | | 0 | | |

Submitted Electronically