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: UNG UNIT
Well Number: 1-2

API No.: 15-039-20707-00-01
Permit No: E25518.2
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SE - SW Sec. 25 Twp. 2 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
353 feet from ☐ N / ☑ S Line of Section
3426 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 1000 psi Injection Zone: LKC
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3310	0	0	0	31
February	1420	0	0	0	28
March	3130	0	0	0	31
April	3250	0	0	0	30
May	3190	0	0	0	31
June	3020	0	0	0	30
July	3190	0	0	0	31
August	3030	0	0	0	31
September	3180	0	0	0	30
October	3030	0	0	0	31
November	3100	0	0	0	30
December	3270	0	0	0	31
TOTAL	36120		0		

Submitted Electronically