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: MATSON
Well Number: 1

API No.: 15-173-20196-00-00
Permit No: D19530.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - E2 - E2 - NE Sec. 7 Twp. 26 S. R. 2 ☑ E ☐ W
*(Q/Q/Q/Q)*
3960 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

**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: 500 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 | 9300 | 0 | 0 | 0 | 31 |
| February | 8400 | 0 | 0 | 0 | 28 |
| March | 9300 | 0 | 0 | 0 | 31 |
| April | 9000 | 0 | 0 | 0 | 30 |
| May | 9300 | 0 | 0 | 0 | 31 |
| June | 4500 | 0 | 0 | 0 | 30 |
| July | 0 | 0 | 0 | 0 | 0 |
| August | 0 | 0 | 0 | 0 | 0 |
| September | 9000 | 0 | 0 | 0 | 30 |
| October | 9300 | 0 | 0 | 0 | 31 |
| November | 9000 | 0 | 0 | 0 | 30 |
| December | 9300 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 86400 | | 0 | | |

Submitted Electronically