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: ALLEN
Well Number: 2 SWD

API No.: 15-151-21948-00-01
Permit No: D28543.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - NW Sec. 25 Twp. 26 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Pratt

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: 1000 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	3100	0	0	0	31
June	3000	0	0	0	30
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	3100	0	0	0	31
November	3000	0	0	0	30
December	0	0	0	0	0
TOTAL	12200		0		

Submitted Electronically