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: Paula White
Phone: (316) 265-3311
Lease Name: STAATZ SCHROEDER UNIT
Well Number: T3 W5

API No.: 15-159-00382-00-01
Permit No: D22371.0
Reporting Year: 2023
(January 1 to December 31)

____ - E2 - SE - NE Sec. 10 Twp. 18 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
3260 feet from ☐ N / ☑ S Line of Section
311 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 500 psi Injection Zone: LANSING
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	4464	170	0	0	31
February	3186	170	0	0	28
March	2757	170	0	0	31
April	6123	170	0	0	30
May	4170	170	0	0	31
June	4323	170	0	0	30
July	4042	170	0	0	31
August	4030	170	0	0	31
September	3495	170	0	0	30
October	4027	170	0	0	31
November	4520	170	0	0	30
December	4901	170	0	0	31
TOTAL	50038		0		

Submitted Electronically