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: SELLENS GALE
Well Number: 23

API No.: 15-167-22419-00-00
Permit No: E13550.11
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NW - NE Sec. 19 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4993 feet from ☐ N / ☑ S Line of Section
2334 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: 1200 psi Injection Zone: LKC PLATT DOUG
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 8 *(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
February	1400	500	0	0	15
March	1550	500	0	0	31
April	1500	500	0	0	30
May	1550	500	0	0	31
June	1500	500	0	0	30
July	1550	500	0	0	31
August	2170	500	0	0	31
September	2100	500	0	0	30
October	2170	500	0	0	31
November	2100	500	0	0	30
December	2170	500	0	0	31
TOTAL	19760		0		

Submitted Electronically