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 # 5631
Name: Loewen Operator, Inc.
Address 1: 208 S MAIN
Address 2: PO BOX 335
City: CANTON State: KS Zip: 67428 + 0335
Contact Person: DOUGLAS LOEWEN
Phone: ( 620 ) 628-4425
Lease Name: BERRY B
Well Number: 1

API No.: 15-035-24017-00-01
Permit No: D32593.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - NW - NW - NW Sec. 5 Twp. 34 S. R. 6 ☑ E ☐ W
*(Q/Q/Q/Q)*
4670 feet from ☐ N / ☑ S Line of Section
4620 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: 100 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2000 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 | 620 | 60 | 0 | | 31 |
| February | 560 | 60 | 0 | | 28 |
| March | 620 | 60 | 0 | | 31 |
| April | 600 | 60 | 0 | | 30 |
| May | 620 | 60 | 0 | | 31 |
| June | 0 | 60 | 0 | | 0 |
| July | 0 | 60 | 0 | | 0 |
| August | 0 | 60 | 0 | | 0 |
| September | 0 | 60 | 0 | | 0 |
| October | 0 | 60 | 0 | | 0 |
| November | 0 | 60 | 0 | | 0 |
| December | 0 | 60 | 0 | | 0 |
| ***TOTAL*** | 3020 | | 0 | | |

Submitted Electronically