

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 # 35667
Name: BCE-Mach LLC
Address 1: 14201 WIRELESS WAY, SUITE 300
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73134 + 2521
Contact Person: AMANDA LAIR
Phone: (405) 252-8188
Lease Name: GARDEN
Well Number: A-4

API No.: 15-093-21005-00-01
Permit No.: D26918.0
Reporting Year: 2024
(January 1 to December 31)
SW - SE - NE - NW Sec. 1 Twp. 24 S. R. 35 ☐ E ☒ W
(a/a/a/a)
4048 feet from ☐ N / ☒ S Line of Section
3168 feet from ☒ E / ☐ W Line of Section
County: Kearny

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: GLORIETTA
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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	<u>555</u>	_____	_____	_____	<u>31</u>
	November	<u>370</u>	_____	_____	_____	<u>30</u>
	December	<u>735</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>1660</u>	_____	<u>0</u>	_____	_____

Submitted Electronically