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: MILHON B
Well Number: 3

API No.: 15-175-21751-00-01
Permit No: D27652.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - NW - SE Sec. 4 Twp. 33 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
1920 feet from ☐ N / ☑ S Line of Section
1843 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 600 psi Injection Zone: FLORENCE LS,WREFORD
Maximum Authorized Injection Rate: 600 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	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically