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 # 32613
Name: BEMCO, LLC
Address 1: PO BOX 241
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + 0241
Contact Person: Helen Abt
Phone: (620) 213-0411
Lease Name: COLE
Well Number: 1

API No.: 15-007-30378-00-01
Permit No: D19886.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - NW Sec. 25 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4944 feet from ☐ N / ☑ S Line of Section
4916 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 1000 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	5374	0	0	0	31
February	6216	0	0	0	28
March	6971	0	0	0	31
April	6486	0	0	0	30
May	8239	0	0	0	31
June	6755	0	0	0	30
July	8642	0	0	0	31
August	9230	0	0	0	31
September	7463	0	0	0	30
October	5685	0	0	0	31
November	5156	0	0	0	30
December	7287	0	0	0	31
TOTAL	83504		0		

Submitted Electronically