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 # 5364
Name: Beren Corporation
Address 1: 2020 N. BRAMBLEWOOD ST
Address 2:
City: WICHITA State: KS Zip: 67206 + 1094
Contact Person: Paula White
Phone: (316) 337-8325
Lease Name: ELAINE
Well Number: 2

API No.: 15-109-20216-00-04
Permit No: E25511.3
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NE - NE Sec. 3 Twp. 12 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
4282 feet from ☐ N / ☑ S Line of Section
1082 feet from ☑ E / ☐ W Line of Section
County: Logan

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: 1000 psi Injection Zone: LKC
Maximum Authorized Injection Rate: 700 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	11797	0	0	0	31
February	11291	0	0	0	29
March	11809	0	0	0	31
April	11559	0	0	0	30
May	11826	0	0	0	31
June	11494	0	0	0	30
July	10465	0	0	0	31
August	10566	0	0	0	31
September	6706	0	0	0	20
October	7132	0	0	0	21
November	2724	0	0	0	16
December	6790	0	0	0	31
TOTAL	114159		0		

Submitted Electronically