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 # 34318
Name: BEREXCO LLC
Address 1: 2020 N BRAMBLEWOOD
Address 2:
City: WICHITA State: KS Zip: 67206 + 1094
Contact Person: Paula White
Phone: ( 316 ) 265-3311
Lease Name: KOBLITZ
Well Number: 2

API No.: 15-051-06385-00-02
Permit No: D12638.0
Reporting Year: 2025
*(January 1 to December 31)*

____ - W2 - SW - NW Sec. 23 Twp. 12 S. R. 18 ☐ E ☑ W
*(Q/Q/Q/Q)*
3301 feet from ☐ N / ☑ S Line of Section
4999 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: 0 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 4893 | 0 | 0 | 0 | 31 |
| February | 4984 | 0 | 0 | 0 | 28 |
| March | 5513 | 0 | 0 | 0 | 31 |
| April | 5340 | 0 | 0 | 0 | 30 |
| May | 5518 | 0 | 0 | 0 | 31 |
| June | 5100 | 0 | 0 | 0 | 30 |
| July | 5363 | 0 | 0 | 0 | 31 |
| August | 5518 | 0 | 0 | 0 | 31 |
| September | 5580 | 0 | 0 | 0 | 30 |
| October | 5890 | 0 | 0 | 0 | 31 |
| November | 5580 | 0 | 0 | 0 | 30 |
| December | 5580 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 64859 | | 0 | | |

Submitted Electronically