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 # 4419
Name: Bear Petroleum, LLC
Address 1: PO BOX 438
Address 2:
City: HAYSVILLE State: KS Zip: 67060 + 0438
Contact Person: Shannon Howland
Phone: (316) 524-1225
Lease Name: CALLAWAY
Well Number: 2

API No.: 15-173-01032-00-01
Permit No: D26787.0
Reporting Year: 2025
(January 1 to December 31)

____ - NE - NW - NE Sec. 24 Twp. 29 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
1675 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: Arbuckle
Maximum Authorized Injection Rate: 2500 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	6975	0	0	0	31
February	5850	0	0	0	28
March	5850	0	0	0	31
April	5475	0	0	0	30
May	5175	0	0	0	31
June	6750	0	0	0	30
July	6975	0	0	0	31
August	6525	0	0	0	31
September	6075	0	0	0	30
October	6975	0	0	0	31
November	6750	0	0	0	30
December	6450	0	0	0	31
TOTAL	75825		0		

Submitted Electronically