1285917

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 # 9860
Name: Castle Resources, Inc.
Address 1: BOX 87
Address 2:
City: SCHOENCHEN State: KS Zip: 67667 + 0087
Contact Person: Jerry Green
Phone: (785) 625-5155
Lease Name: WARREN
Well Number: 2

API No.: 15-167-30270-00-02
Permit No: D30913.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NE - SE Sec. 29 Twp. 13 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
1642 feet from ☐ N / ☑ S Line of Section
351 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 100 psi Injection Zone: Granite Wash
Maximum Authorized Injection Rate: 4000 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	19995	100	0		31
February	18705	100	0		28
March	19995	100	0		31
April	19350	100	0		30
May	19995	100	0		31
June	19350	100	0		30
July	19995	100	0		31
August	19995	100	0		31
September	19350	100	0		30
October	19995	100	0		31
November	19350	100	0		30
December	19995	100	0		31
TOTAL	236070		0		

Submitted Electronically