1345485

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 # 31021
Name: Castelli Exploration, Inc.
Address 1: 6908 NW 112TH
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73162 + 2976
Contact Person: Tisha Love
Phone: (405) 722-5511
Lease Name: MERRILL RANCH
Well Number: 1-4 SWD

API No.: 15-033-21519-00-01
Permit No: D30308.0
Reporting Year: 2016
(January 1 to December 31)

____ - ____ - W2 - NE Sec. 4 Twp. 34 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4005 feet from ☐ N / ☑ S Line of Section
1975 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 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	52108	0	0		31
February	50871	0	0		29
March	40028	0	0		31
April	37404	0	0		30
May	41925	0	0		31
June	43717	0	0		30
July	53608	0	0		31
August	50429	0	0		31
September	44953	0	0		30
October	40193	0	0		31
November	35282	0	0		30
December	34414	0	0		31
TOTAL	524932		0		

Submitted Electronically