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 # 34997
Name: Casillas Petroleum Corp
Address 1: 348 RD DD
Address 2:
City: SATANTA State: KS Zip: 67870 + __ __ __ __
Contact Person: Melissa Imler
Phone: (620) 276-3693
Lease Name: AMMETER
Well Number: 3

API No.: 15-015-01447-00-01
Permit No: E26332.1
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - NW Sec. 32 Twp. 23 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 1000 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 750 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	1085	0	0		31
February	980	0	0		28
March	1240	0	0		31
April	1200	0	0		30
May	930	0	0		31
June	1200	0	0		30
July	1085	0	0		31
August	1085	0	0		31
September	1110	0	0		30
October	1147	0	0		31
November	900	0	0		30
December	1085	0	0		31
TOTAL	13047		0		

Submitted Electronically