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: BOUNDS
Well Number: 1

API No.: 15-071-20287-00-01
Permit No: D25507.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - NW Sec. 10 Twp. 18 S. R. 40 ☐ E ☑ W
(Q/Q/Q/Q)
4602 feet from ☐ N / ☑ S Line of Section
4662 feet from ☑ E / ☐ W Line of Section
County: Greeley

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: TOPEKA

Maximum Authorized Injection Rate: 500 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	5010	0	0		31
February	6182	0	0		28
March	7950	0	0		31
April	7211	0	0		30
May	8157	0	0		31
June	7986	0	0		30
July	7304	0	0		31
August	4365	0	0		31
September	7356	0	0		30
October	7507	0	0		31
November	5696	0	0		30
December	6793	0	0		31
TOTAL	81517		0		

Submitted Electronically