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: PO BOX 583
Address 2:
City: RUSSELL State: KS Zip: 67665 + __ __ __ __
Contact Person: Jerry Green
Phone: (785) 625-5155
Lease Name: CLARK SWD
Well Number: 1

API No.: 15-179-30067-00-02
Permit No: D30561.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - SW - SW Sec. 32 Twp. 8 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
671 feet from ☐ N / ☑ S Line of Section
4610 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: CEDAR HILLS
Maximum Authorized Injection Rate: 1000 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	1365	0	0		31
February	1232	0	0		28
March	1365	0	0		31
April	1320	0	0		30
May	1365	0	0		31
June	1320	0	0		30
July	1365	0	0		31
August	1365	0	0		31
September	1320	0	0		30
October	1365	0	0		31
November	1320	0	0		30
December	1365	0	0		31
TOTAL	16067		0		

Submitted Electronically