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: RICE-TANNER A
Well Number: 8

API No.: 15-015-21669-00-01
Permit No: D23827.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - SE Sec. 35 Twp. 25 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
2352 feet from ☐ N / ☑ S Line of Section
1003 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 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	24180	0	0		31
February	21840	0	0		28
March	24180	0	0		31
April	9360	0	0		12
May	24180	0	0		31
June	23400	0	0		30
July	24180	0	0		31
August	24180	0	0		31
September	23400	0	0		30
October	24180	0	0		31
November	0		0		
December	0		0		
TOTAL	223080		0		

Submitted Electronically