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: COX C
Well Number: 1

API No.: 15-081-20006-00-02
Permit No: E26757.1
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NW - SW Sec. 19 Twp. 28 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
1945 feet from ☐ N / ☑ S Line of Section
4764 feet from ☑ E / ☐ W Line of Section
County: Haskell

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: KANSAS CITY A,LANSING F
Maximum Authorized Injection Rate: 850 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	15476	-6	0		31
February	5376	-6	0		28
March	13973	-6	0		31
April	12584	-6	0		30
May	13195	-6	0		31
June	10194	-24	0		30
July	9814	-26	0		31
August	15206	-24	0		31
September	13234	-24	0		30
October	13275	-24	0		31
November	13976	-23	0		30
December	15078	-24	0		31
TOTAL	151381		0		

Submitted Electronically