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: FEIGHT
Well Number: A-2

API No.: 15-081-20720-00-01
Permit No: D28104.0
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - SE - NW Sec. 27 Twp. 29 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
3249 feet from ☐ N / ☑ S Line of Section
3282 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: 1500 psi Injection Zone: TOPEKA
Maximum Authorized Injection Rate: 5000 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	28096	520	0		31
February	24720	540	0		28
March	31264	555	0		31
April	32165	580	0		30
May	37261	580	0		31
June	32239	580	0		30
July	26605	300	0		31
August	22804	560	0		31
September	26830	540	0		30
October	25170	520	0		31
November	20889	520	0		30
December	22311	540	0		31
TOTAL	330354		0		

Submitted Electronically