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: REIMER
Well Number: 1

API No.: 15-081-10239-00-00
Permit No: D11701.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NE - SW Sec. 35 Twp. 28 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
2628 feet from ☐ N / ☑ S Line of Section
3553 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: 0 psi Injection Zone: GLORIETTA

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	47	-20	0		31
February	132	-18	0		28
March	242	-20	0		31
April	171	-16	0		30
May	452	-30	0		31
June	438	-30	0		30
July	452	-40	0		31
August	452	-30	0		31
September	438	-35	0		30
October	452	-40	0		31
November	438	-40	0		30
December	453	-30	0		31
TOTAL	4167		0		

Submitted Electronically