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 # 4184
Name: Casino Petroleum, LLC
Address 1: PO BOX 415
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 0415
Contact Person: Chris Batchman
Phone: (620) 566-7111
Lease Name: ZAHORSKY A
Well Number: 1

API No.: 15-009-24860-00-01
Permit No: D31079.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SE - SE Sec. 14 Twp. 20 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 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	40300				31
February	36400				28
March	40300				31
April	39000				30
May	40300				31
June	39000				30
July	40300				31
August	40300				31
September	39000				30
October	40300				31
November	39000				30
December	40300				31
TOTAL	474500		0		

Submitted Electronically