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 + 0583
Contact Person: Jerry Green
Phone: ( 785 ) 625-5155
Lease Name: KRILEY OWWO
Well Number: 1

API No.: 15-163-20515-00-02
Permit No: D32297.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - SW - SE - SW Sec. 6 Twp. 8 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
330 feet from ☐ N / ☑ S Line of Section
1650 feet from ☐ E / ☑ W Line of Section
County: Rooks

**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 | 2170 | | | | 1 |
| February | 1960 | | | | 28 |
| March | 2170 | | | | 31 |
| April | 2100 | | | | 30 |
| May | 2170 | | | | 31 |
| June | 2100 | | | | 30 |
| July | 2170 | | | | 31 |
| August | 2170 | | | | 31 |
| September | 2100 | | | | 30 |
| October | 2170 | | | | 31 |
| November | 2100 | | | | 30 |
| December | 2170 | | | | 31 |
| ***TOTAL*** | 25550 | | 0 | | |

Submitted Electronically