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 ROAD DD
Address 2:
City: SATANTA State: KS Zip: 67870 + 8775
Contact Person: Melissa Imler
Phone: (620) 276-3693
Lease Name: MARY JONES
Well Number: 4

API No.: 15-081-21500-00-00
Permit No: E28234.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - NE Sec. 3 Twp. 27 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
3861 feet from ☐ N / ☑ S Line of Section
1908 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: MISSISSIPPI, CHESTER
Maximum Authorized Injection Rate: 4000 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	0	0		0	31
February	0	0		0	28
March	0	0		0	31
April	0	0		0	30
May	0	0		0	31
June	0	0		0	30
July	0	0		0	31
August	0	0		0	31
September	0	0		0	30
October	0	0		0	31
November	0	0		0	30
December	0	0		0	31
TOTAL	0		0		

Submitted Electronically