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: PRATT AIRBASE
Well Number: 23

API No.: 15-051-22699-00-01
Permit No: E25801.1
Reporting Year: 2019
(January 1 to December 31)

S2 - S2 - SE - NW Sec. 28 Twp. 13 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3045 feet from ☐ N / ☑ S Line of Section
3228 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: TORONTO
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	2325				31
February	2100				28
March	2325				31
April	2250				30
May	2325				31
June	2250				30
July	2325				31
August	2325				31
September	2250				30
October	2325				31
November	2250				30
December	2325				31
TOTAL	27375		0		

Submitted Electronically