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: ROSSIE MORGAN (JENSEN)
Well Number: 1

API No.: 15-051-00283-00-01
Permit No: D20355.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NW - SW Sec. 34 Twp. 11 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2234 feet from ☐ N / ☑ S Line of Section
4351 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: 150 psi Injection Zone: CEDAR HILLS
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	4650				31
February	4200				28
March	4650				31
April	4500				30
May	4650				31
June	4500				30
July	4650				31
August	4650				31
September	4500				30
October	4650				31
November	4500				30
December	4650				31
TOTAL	54750		0		

Submitted Electronically