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: HARMS
Well Number: 1 SWD

API No.: 15-145-21199-00-00
Permit No: D24008.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SW - SW - NW Sec. 23 Twp. 20 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
2933 feet from ☐ N / ☑ S Line of Section
4922 feet from ☑ E / ☐ W Line of Section
County: Pawnee

**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: CEDAR HILLS
Maximum Authorized Injection Rate: 1500 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 | 500 | | | | 5 |
| February | | | | | |
| March | 500 | | | | 5 |
| April | | | | | |
| May | 500 | | | | 5 |
| June | | | | | |
| July | 500 | | | | 6 |
| August | | | | | |
| September | 500 | | | | 7 |
| October | | | | | |
| November | 500 | | | | 5 |
| December | | | | | |
| ***TOTAL*** | 3000 | | 0 | | |

Submitted Electronically