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 # 31021
Name: Castelli Exploration, Inc.
Address 1: 6908 NW 112TH
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73162 + 2976
Contact Person: Tisha Love
Phone: (405) 722-5511
Lease Name: DUNN
Well Number: 1-25 SWD

API No.: 15-033-21747-00-00
Permit No: D31875.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - NE Sec. 25 Twp. 33 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☑ N / ☐ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 15000 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	11994	0	0		31
February	9762	0	0		28
March	9995	0	0		31
April	10657	0	0		30
May	10196	0	0		31
June	9243	0	0		30
July	9318	0	0		31
August	8941	0	0		31
September	8735	0	0		30
October	9062	0	0		31
November	8440	0	0		30
December	8814	0	0		31
TOTAL	115157		0		

Submitted Electronically