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: COX C
Well Number: 1

API No.: 15-081-20006-00-02
Permit No: E26757.1
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NW - SW Sec. 19 Twp. 28 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
1945 feet from ☐ N / ☑ S Line of Section
4764 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: KANSAS CITY A,LANSING F
Maximum Authorized Injection Rate: 850 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	19983	0			31
February	24623	0			29
March	23766	0			31
April	11630	0			30
May	8422	0			31
June	7783	0			30
July	8598	0			31
August	8844	0			31
September	8197	0			30
October	8070	0			31
November	7440	0			30
December	6903	0			31
TOTAL	144259		0		

Submitted Electronically