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: HAMMER
Well Number: 2-2

API No.: 15-081-21369-00-01
Permit No: D31762.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - SW Sec. 19 Twp. 30 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
1230 feet from ☐ N / ☑ S Line of Section
4029 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: 0 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	12035	0			31
February	10534	0			29
March	9820	0			31
April	12303	0			30
May	12347	0			31
June	13375	0			30
July	11630	0			31
August	5973	0			31
September	12026	0			30
October	12946	0			31
November	11856	0			30
December	11691	0			31
TOTAL	136536		0		

Submitted Electronically