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: MARY JONES
Well Number: 4

API No.: 15-081-21500-00-00
Permit No: E28234.1
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - SW - NE Sec. 3 Twp. 27 S. R. 34 ☐ E ☑ W
*(Q/Q/Q/Q)*
3861 feet from ☐ N / ☑ S Line of Section
1908 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: MISSISSIPPI, CHESTER
Maximum Authorized Injection Rate: 4000 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 | 0 | 0 | | | 31 |
| February | 0 | 0 | | | 29 |
| March | 0 | 0 | | | 31 |
| April | 0 | 0 | | | 30 |
| May | 0 | 0 | | | 31 |
| June | 0 | 0 | | | 30 |
| July | 0 | 0 | | | 31 |
| August | 0 | 0 | | | 31 |
| September | 0 | 0 | | | 30 |
| October | 0 | 0 | | | 31 |
| November | 0 | 0 | | | 30 |
| December | 0 | 0 | | | 31 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically