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: KUHN
Well Number: 2-10

API No.: 15-081-20883-00-02
Permit No: E28130.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - SW Sec. 10 Twp. 27 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
500 feet from ☐ N / ☑ S Line of Section
3291 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: CHESTER
Maximum Authorized Injection Rate: 1000 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