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: BELCHER B
Well Number: 1

API No.: 15-033-20253-00-01
Permit No: D19574.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - SW - SE Sec. 16 Twp. 32 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
659 feet from ☐ N / ☑ S Line of Section
1898 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: SALT PLAIN
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	42	0	0		31
February	34	0	0		28
March	51	0	0		31
April	53	0	0		30
May	0	0	0		0
June	46	0	0		30
July	49	0	0		31
August	54	0	0		31
September	50	0	0		30
October	0	0	0		0
November	0	0	0		0
December	0	0	0		0
TOTAL	379		0		

Submitted Electronically