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: COLBURN
Well Number: 5 SWDW

API No.: 15-163-22305-00-00
Permit No: D23148.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SW - NW Sec. 18 Twp. 7 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2669 feet from ☐ N / ☑ S Line of Section
4958 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 15000 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	18650	0	0		31
February	16325	0	0		28
March	17865	0	0		31
April	15435	0	0		30
May	16200	0	0		31
June	8650	0	0		30
July	350	0	0		1
August	6455	0	0		31
September	10325	0	0		30
October	12920	0	0		31
November	14990	0	0		30
December	15220	0	0		31
TOTAL	153385		0		

Submitted Electronically