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 # 31934
Name: Casebeer, Inc.
Address 1: PO BOX 842
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 0842
Contact Person: Mark Casebeer
Phone: (620) 504-5126
Lease Name: JOHNSON
Well Number: 1

API No.: 15-169-00013-00-01
Permit No: D22125.0
Reporting Year: 2020
(January 1 to December 31)

____ - E2 - NW - SE Sec. 10 Twp. 16 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
2009 feet from ☐ N / ☑ S Line of Section
1636 feet from ☑ E / ☐ W Line of Section
County: Saline

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 5000 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	19840	0	0	0	31
February	17920	0	0	0	28
March	19840	0	0	0	31
April	19200	0	0	0	30
May	19840	0	0	0	31
June	19200	0	0	0	30
July	19840	0	0	0	31
August	19840	0	0	0	31
September	19200	0	0	0	30
October	12865	0	0	0	31
November	12450	0	0	0	30
December	12865	0	0	0	31
TOTAL	212900		0		

Submitted Electronically