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: G OBORG
Well Number: 4

API No.: 15-169-20178-00-01
Permit No: E24937.1
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SW - SW Sec. 8 Twp. 16 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
1285 feet from ☐ N / ☑ S Line of Section
4170 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: 0 psi Injection Zone: MAQUOKETA
Maximum Authorized Injection Rate: 500 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	6138				31
February	5544				28
March	6138				31
April	5940				30
May	6138				31
June	5940				30
July	6138				31
August	6138				31
September	5940				30
October	6138				31
November	4440				30
December	3038				31
TOTAL	67670		0		

Submitted Electronically