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: 2021
(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				31
February	17920				28
March	19840				31
April	19200				30
May	19840				31
June	19200				30
July	19840				31
August	19840				31
September	19200				30
October	12865				31
November	12450				30
December	12865				31
TOTAL	212900		0		

Submitted Electronically