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: CARLSON
Well Number: 2

API No.: 15-113-21145-00-01
Permit No: D32349.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - NW - NE Sec. 6 Twp. 17 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
4012 feet from ☐ N / ☑ S Line of Section
2118 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1200 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	27745				31
February	25660				28
March	27745				31
April	26850				30
May	27745				31
June	26850				30
July	27745				31
August	27745				31
September	26850				30
October	27745				31
November	26850				30
December	27745				31
TOTAL	327275		0		

Submitted Electronically