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 # 9860
Name: Castle Resources, Inc.
Address 1: PO BOX 583
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0583
Contact Person: Jerry Green
Phone: (785) 625-5155
Lease Name: HARMS
Well Number: 1 SWD

API No.: 15-145-21199-00-00
Permit No: D24008.0
Reporting Year: 2022
(January 1 to December 31)

____ - SW - SW - NW Sec. 23 Twp. 20 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2933 feet from ☐ N / ☑ S Line of Section
4922 feet from ☑ E / ☐ W Line of Section
County: Pawnee

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: CEDAR HILLS
Maximum Authorized Injection Rate: 1500 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	2900				29
February	2800				28
March	2400				24
April	3000				30
May	3100				31
June	3000				30
July	2800				28
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	20000		0		

Submitted Electronically