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: 2022
*(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 | 12865 | | | | 31 |
| February | 11620 | | | | 28 |
| March | 12865 | | | | 31 |
| April | 12450 | | | | 30 |
| May | 12865 | | | | 31 |
| June | 12450 | | | | 30 |
| July | 12865 | | | | 31 |
| August | 12865 | | | | 31 |
| September | 12450 | | | | 30 |
| October | 12865 | | | | 31 |
| November | 12450 | | | | 30 |
| December | 12865 | | | | 31 |
| ***TOTAL*** | 151475 | | 0 | | |

Submitted Electronically