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 # 34997
Name: Casillas Petroleum Corp
Address 1: 348 ROAD DD
Address 2:
City: SATANTA State: KS Zip: 67870 + 8775
Contact Person: Melissa Imler
Phone: ( 620 ) 276-3693
Lease Name: COX C
Well Number: 1

API No.: 15-081-20006-00-02
Permit No: E26757.1
Reporting Year: 2023
*(January 1 to December 31)*

____ - SW - NW - SW Sec. 19 Twp. 28 S. R. 33 ☐ E ☑ W
*(Q/Q/Q/Q)*
1945 feet from ☐ N / ☑ S Line of Section
4764 feet from ☑ E / ☐ W Line of Section
County: Haskell

**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: 1000 psi Injection Zone: KANSAS CITY A,LANSING F
Maximum Authorized Injection Rate: 850 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 | 6780 | 0 | | | 31 |
| February | 6485 | 0 | | | 28 |
| March | 6332 | 0 | | | 31 |
| April | 5184 | 0 | | | 30 |
| May | 8718 | 0 | | | 31 |
| June | 7997 | 0 | | | 30 |
| July | 7534 | 0 | | | 31 |
| August | 6238 | 0 | | | 31 |
| September | 7183 | 0 | | | 30 |
| October | 7224 | 0 | | | 31 |
| November | 2292 | 0 | | | 30 |
| December | 0 | 0 | | | 31 |
| ***TOTAL*** | 71967 | | 0 | | |

Submitted Electronically