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: David Casebeer
Phone: (620) 504-5126
Lease Name: ENBERG
Well Number: 1

API No.: 15-113-02018-00-01
Permit No: E28204.1
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - NW Sec. 18 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
3012 feet from ☐ N / ☑ S Line of Section
5064 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: 1000 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	17050	0	0	0	31
February	15400	0	0	0	28
March	17050	0	0	0	31
April	16500	0	0	0	30
May	17050	0	0	0	31
June	16500	0	0	0	30
July	17050	0	0	0	31
August	17050	0	0	0	31
September	16500	0	0	0	30
October	17050	0	0	0	31
November	16500	0	0	0	30
December	17050	0	0	0	31
TOTAL	200750		0		

Submitted Electronically