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: RICHTER
Well Number: 2

API No.: 15-169-20276-00-01
Permit No: E28456.1
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - SE Sec. 10 Twp. 16 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
1667 feet from ☐ N / ☑ S Line of Section
2306 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: 0 psi Injection Zone: MAQUOKETA
Maximum Authorized Injection Rate: 250 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	2635				31
February	2380				28
March	2635				31
April	2550				30
May	2635				31
June	2550				30
July	2635				31
August	2635				31
September	2550				30
October	2635				31
November	2550				30
December	2635				31
TOTAL	31025		0		

Submitted Electronically