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: JOHNSON
Well Number: 1

API No.: 15-169-00013-00-01
Permit No: D22125.0
Reporting Year: 2024
(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	8215				31
February	7420				28
March	8215				31
April	7950				30
May	8215				31
June	7950				30
July	8215				31
August	8215				31
September	7950				30
October	8215				31
November	7950				30
December	8215				31
TOTAL	96725		0		

Submitted Electronically