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 # 9860
Name: Castle Resources, Inc.
Address 1: PO BOX 583
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0583
Contact Person: Jerry Green
Phone: (785) 625-5155
Lease Name: HUND
Well Number: 2

API No.: 15-197-19068-00-01
Permit No: D34364.0
Reporting Year: 2025
(January 1 to December 31)

____ - NE - SE - SE Sec. 2 Twp. 11 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
985 feet from ☐ N / ☑ S Line of Section
328 feet from ☑ E / ☐ W Line of Section
County: Wabaunsee

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: HUNTON
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	620				31
February	560				28
March	620				31
April	600				30
May	620				31
June	600				30
July	620				31
August	620				31
September	600				30
October	620				31
November	600				30
December	620				31
TOTAL	7300		0		

Submitted Electronically