

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: PRATT AIRBASE
Well Number: 23

API No.: 15-051-22699-00-01
Permit No: E25801.1
Reporting Year: 2025
(January 1 to December 31)
S2 - S2 - SE - NW Sec. 28 Twp. 13 S. R. 16 ☐ E ☒ W
(a/a/a/a)
3045 feet from ☐ N / ☒ S Line of Section
3228 feet from ☒ E / ☐ W Line of Section
County: Ellis

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: TORONTO, LANSING KANSAS CITY, TORONTO
Maximum Authorized Injection Rate: 500 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	<u>2325</u>				<u>31</u>
	February	<u>2100</u>				<u>28</u>
	March	<u>450</u>				<u>6</u>
	April	<u>0</u>				
	May	<u>0</u>				
	June	<u>825</u>				<u>11</u>
	July	<u>1500</u>				<u>20</u>
	August	<u>0</u>				
	September	<u>0</u>				
	October	<u>0</u>				
	November	<u>0</u>				
	December	<u>0</u>				
	TOTAL	<u>7200</u>		<u>0</u>		

Submitted Electronically