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 # 30129
Name: Eagle Creek Corporation
Address 1: 8100 E. 22ND ST. NORTH, BLDG 1500
Address 2: SUITE A
City: WICHITA State: KS Zip: 67226 + __ __ __ __
Contact Person: DAVE CALLEWAERT
Phone: (316) 264-8044
Lease Name: ROLFS
Well Number: 3-4

API No.: 15-159-22368-00-01
Permit No: E30889.1
Reporting Year: 2017
(January 1 to December 31)

____ - W2 - W2 - NE Sec. 4 Twp. 18 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☑ N / ☐ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Rice

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 40000 mg/l Specific Gravity: 1.05 Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: CONGLOMERATE
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	4350	150	0		31
February	3845	150	0		28
March	4425	150	0		31
April	4150	150	0		30
May	4425	150	0		31
June	4275	150	0		30
July	4475	150	0		31
August	4515	150	0		31
September	4310	150	0		30
October	4420	150	0		31
November	3875	150	0		30
December	3920	150	0		29
TOTAL	50985		0		

Submitted Electronically