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. N., BLDG 1500 STE A
Address 2:
City: WICHITA State: KS Zip: 67226 + 2388
Contact Person: DAVE CALLEAERT
Phone: (316) 264-8044
Lease Name: GOLDEN
Well Number: 1-16

API No.: 15-119-20630-00-01
Permit No: E27312.1
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - NE - NW Sec. 16 Twp. 34 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
4583 feet from ☐ N / ☑ S Line of Section
3369 feet from ☑ E / ☐ W Line of Section
County: Meade

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 100000 mg/l Specific Gravity: 1.05 Additives:
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1500 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	4200	0	0	0	31
February	3920	0	0	0	28
March	4160	0	0	0	31
April	4110	0	0	0	30
May	4290	0	0	0	31
June	4200	0	0	0	30
July	4180	0	0	0	31
August	4230	0	0	0	31
September	4200	0	0	0	30
October	3630	0	0	0	31
November	3720	0	0	0	30
December	2940	0	0	0	31
TOTAL	47780		0		

Submitted Electronically