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 # 3309
Name: Eagle Petroleum, Inc.
Address 1: PO BOX 335
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 0335
Contact Person: Ron Hickel
Phone: (620) 793-2037
Lease Name: HARTER B
Well Number: 1

API No.: 15-185-00718-00-02
Permit No: D31328.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NW - SW Sec. 9 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1631 feet from ☐ N / ☑ S Line of Section
4941 feet from ☑ E / ☐ W Line of Section
County: Stafford

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 31802 mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	6200	0	0	0	31
February	5600	0	0	0	28
March	6200	0	0	0	31
April	6000	0	0	0	30
May	6200	0	0	0	31
June	6000	0	0	0	30
July	6200	0	0	0	31
August	6200	0	0	0	31
September	6000	0	0	0	30
October	6200	0	0	0	31
November	6000	0	0	0	30
December	6200	0	0	0	31
TOTAL	73000		0		

Submitted Electronically