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 # 5810
Name: Eickbush Production Co. LLC dba ECCO
Address 1: 306 N MAIN
Address 2: PO BOX 1025
City: MCPHERSON State: KS Zip: 67460 + 1025
Contact Person: Robert Eickbush
Phone: ( 620 ) 241-6350
Lease Name: F JOHNSON UNIT
Well Number: 7

API No.: 15-113-02362-00-01
Permit No: E19156.1
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - NW - NW Sec. 2 Twp. 20 S. R. 3 ☐ E ☑ W
*(Q/Q/Q/Q)*
4400 feet from ☐ N / ☑ S Line of Section
4176 feet from ☑ E / ☐ W Line of Section
County: McPherson

**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: 10 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2500 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 | 41745 | | | | 31 |
| February | 37719 | | | | 28 |
| March | 41756 | | | | 31 |
| April | 40426 | | | | 30 |
| May | 41760 | | | | 31 |
| June | 40433 | | | | 30 |
| July | 41769 | | | | 31 |
| August | 41762 | | | | 31 |
| September | 40429 | | | | 30 |
| October | 41772 | | | | 31 |
| November | 40415 | | | | 30 |
| December | 41767 | | | | 31 |
| ***TOTAL*** | 491753 | | 0 | | |

Submitted Electronically