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 # 6009
Name: Double Eagle Exploration, Inc.
Address 1: c/o Larry Miller
Address 2: 2404 NW Valley View Drive
City: Lees Summit State: MO Zip: 64081 + __ __ __ __
Contact Person: Harold Bellerive
Phone: (785) 635-4531
Lease Name: JACOBS
Well Number: 6

API No.: 15-015-22389-00-01
Permit No: E24096.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NE - NW Sec. 6 Twp. 25 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
4064 feet from ☐ N / ☑ S Line of Section
3249 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 750 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 90 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	2500	750	0		31
February	2400	750	0		29
March	2500	750	0		31
April	2400	750	0		30
May	2400	750	0		31
June	1000	750	0		30
July	1200	750	0		31
August	2500	750	0		31
September	2400	750	0		30
October	2500	750	0		31
November	2400	750	0		30
December	2500	750	0		31
TOTAL	26700		0		

Submitted Electronically