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: 423 E FLINT HILLS NATIONAL CT
Address 2:
City: ANDOVER State: KS Zip: 67002 + 8838
Contact Person: Dave Callewaert
Phone: (316) 264-8044
Lease Name: GOLDEN
Well Number: 1-16

API No.: 15-119-20630-00-01
Permit No: E27312.1
Reporting Year: 2021
(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	2400	0	0	0	31
February	1020	0	0	0	28
March	2950	0	0	0	31
April	3000	0	0	0	30
May	3100	0	0	0	31
June	2600	0	0	0	30
July	3100	0	0	0	31
August	2320	0	0	0	31
September	1240	0	0	0	30
October	2530	0	0	0	31
November	2480	0	0	0	30
December	2480	0	0	0	31
TOTAL	29220		0		

Submitted Electronically