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: 2404 NW Valley View Drive
Address 2: c/o Larry Miller
City: Lees Summit State: MO Zip: 64081 + __ __ __ __
Contact Person: Harold Bellerive
Phone: (785) 635-4531
Lease Name: STECKEL
Well Number: 1

API No.: 15-167-22779-00-02
Permit No: E28068.1
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SE - NE Sec. 35 Twp. 13 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3673 feet from ☐ N / ☑ S Line of Section
522 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 350 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 350 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	350	0		31
February	2400	350	0		28
March	2400	350	0		31
April	2400	350	0		30
May	2500	350	0		31
June	2500	350	0		30
July	2600	350	0		31
August	2500	350	0		31
September	2500	350	0		30
October	2500	350	0		31
November	2500	350	0		30
December	2600	350	0		31
TOTAL	29800		0		

Submitted Electronically