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: ROLFS
Well Number: 3-4

API No.: 15-159-22368-00-01
Permit No: E30889.1
Reporting Year: 2022
(January 1 to December 31)

____ - W2 - W2 - NE Sec. 4 Twp. 18 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☑ N / ☐ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Rice

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 40000 mg/l Specific Gravity: 1.05 Additives:
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: CONGLOMERATE
Maximum Authorized Injection Rate: 500 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	2715	0	0	0	31
February	2630	0	0	0	28
March	2905	0	0	0	31
April	2725	0	0	0	30
May	2965	0	0	0	31
June	2520	0	0	0	29
July	2870	0	0	0	31
August	2945	0	0	0	31
September	2430	0	0	0	27
October	2845	0	0	0	31
November	2645	0	0	0	30
December	2885	0	0	0	31
TOTAL	33080		0		

Submitted Electronically