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 # 3309
Name: Eagle Petroleum, Inc.
Address 1: PO BOX 335
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 0335
Contact Person: Ron Hickel
Phone: (620) 793-2037
Lease Name: DENKER B
Well Number: 2

API No.: 15-009-20341-00-02
Permit No: D14937.0
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NE - SE Sec. 4 Twp. 20 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1653 feet from ☐ N / ☑ S Line of Section
416 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	10663	0	0	0	31
February	10205	0	0	0	29
March	11978	0	0	0	31
April	11675	0	0	0	30
May	12033	0	0	0	31
June	11675	0	0	0	30
July	12064	0	0	0	31
August	11730	0	0	0	31
September	11883	0	0	0	30
October	12149	0	0	0	31
November	12525	0	0	0	30
December	12942	0	0	0	31
TOTAL	141522		0		

Submitted Electronically