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 # 5810
Name: Eickbush Production Co. LLC dba ECCO
Address 1: 306 N MAIN
Address 2: PO BOX 1025
City: MCPHERSON State: KS Zip: 67460 + 1025
Contact Person: Robert Eickbush
Phone: (620) 241-6350
Lease Name: ARMBRISTER FRED
Well Number: 2

API No.: 15-051-22590-00-01
Permit No: D20438.0
Reporting Year: 2025
(January 1 to December 31)

____ - N2 - S2 - SW Sec. 30 Twp. 12 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
988 feet from ☐ N / ☑ S Line of Section
3388 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 200 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 250 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	1437	0	0	0	31
February	1289	0	0	0	28
March	1436	0	0	0	31
April	1391	0	0	0	30
May	1434	0	0	0	31
June	1388	0	0	0	30
July	1439	0	0	0	31
August	1433	0	0	0	31
September	1384	0	0	0	30
October	1440	0	0	0	31
November	1378	0	0	0	30
December	1443	0	0	0	31
TOTAL	16892		0		

Submitted Electronically