1301405

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 # 33397
Name: Running Foxes Petroleum Inc.
Address 1: 6855 S HAVANA ST, STE 400
Address 2:
City: CENTENNIAL State: CO Zip: 80112 + __ __ __ __
Contact Person: Jeff Swanson
Phone: (303) 617-7242
Lease Name: HEIM C
Well Number: 7

API No.: 15-103-20672-00-02
Permit No: D25264.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NW - NW Sec. 19 Twp. 8 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Leavenworth

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: Bartlesville
Maximum Authorized Injection Rate: 200 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically