1301409

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: PARKER
Well Number: 8

API No.: 15-037-20975-00-01
Permit No: E23687.4
Reporting Year: 2015
*(January 1 to December 31)*

____ - NE - SE - NW Sec. 32 Twp. 27 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
3315 feet from ☐ N / ☑ S Line of Section
1271 feet from ☑ E / ☐ W Line of Section
County: Crawford

**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: 450 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 300 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 | 972 | 0 | 0 | | 31 |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 3734 | 50 | 0 | | 31 |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 4706 | | 0 | | |

Submitted Electronically