



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1352581

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: 4B INVERNESS CT E. SUITE 120
Address 2: SUITE 120
City: ENGLEWOOD State: CO Zip: 80112 + 5328
Contact Person: Jeff Swanson
Phone: (303) 617-7242
Lease Name: SHAW
Well Number: 1-25C INJ

API No.: 15-011-24477-00-00
Permit No.: E30725.8
Reporting Year: 2016
(January 1 to December 31)
NE - NE - SW - SW Sec. 25 Twp. 24 S. R. 25 ☒ E ☐ W
(a/a/a/a)
1265 feet from ☒ N / ☐ S Line of Section
1015 feet from ☒ E / ☐ W Line of Section
County: Bourbon

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: Bartlesville
Maximum Authorized Injection Rate: 150 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	<u>0</u>		<u>0</u>		
	February	<u>0</u>		<u>0</u>		
	March	<u>0</u>		<u>0</u>		
	April	<u>0</u>		<u>0</u>		
	May	<u>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>0</u>		<u>0</u>		
	August	<u>0</u>		<u>0</u>		
	September	<u>0</u>		<u>0</u>		
	October	<u>0</u>		<u>0</u>		
	November	<u>0</u>		<u>0</u>		
	December	<u>0</u>		<u>0</u>		
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically