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 # 34992
Name: Fossil Energy, LLC
Address 1: P. O. BOX 468
Address 2: 111 CINDY DRIVE
City: RUSSELL State: KS Zip: 67665 + 6766
Contact Person: Steven H. Krug
Phone: (785) 483-1433
Lease Name: SIEFERS B
Well Number: 2

API No.: 15-009-23089-00-01
Permit No: D23248.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NW - NW Sec. 2 Twp. 16 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4321 feet from ☐ N / ☑ S Line of Section
4345 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: REAGAN
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	6820	0	0		31
February	6300	0	0		28
March	7280	0	0		31
April	6900	0	0		30
May	7285	0	0		31
June	6900	0	0		30
July	7070	0	0		31
August	7100	0	0		31
September	6960	0	0		30
October	7330	0	0		31
November	7020	0	0		30
December	6880	0	0		31
TOTAL	83845		0		

Submitted Electronically