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 # 34967
Name: Fossil Resources LLC
Address 1: 111 W. 36TH ST.
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Taylor Leiker
Phone: (785) 432-1083
Lease Name: PETERSON
Well Number: SWD

API No.: 15-185-11351-00-01
Permit No: D32088.0
Reporting Year: 2017
(January 1 to December 31)

____ - N2 - NE - NE Sec. 26 Twp. 22 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4965 feet from ☐ N / ☑ S Line of Section
718 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: Arbuckle
Maximum Authorized Injection Rate: 1000 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	8215	0	0		31
February	7420	0	0		28
March	8215	0	0		31
April	7950	0	0		30
May	8215	0	0		31
June	7950	0	0		30
July	8215	0	0		31
August	8215	0	0		31
September	7950	0	0		30
October	8215	0	0		31
November	7950	0	0		30
December	8215	0	0		31
TOTAL	96725		0		

Submitted Electronically