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: 14550 E EASTER AVE STE 200
Address 2:
City: CENTENNIAL State: CO Zip: 80112 + 4222
Contact Person: Joe Taglieri
Phone: ( 720 ) 377-0923
Lease Name: SHAW
Well Number: 1-25D INJ4

API No.: 15-011-24473-00-00
Permit No: E30725.12
Reporting Year: 2018
*(January 1 to December 31)*

____ - NE - NE - SW Sec. 25 Twp. 24 S. R. 25 ☑ E ☐ W
*(Q/Q/Q/Q)*
4353 feet from ☐ N / ☑ S Line of Section
356 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 | 0 | 0 | 0 | 0 | 0 |
| February | 0 | 0 | 0 | 0 | 0 |
| March | 244 | 260 | 0 | 0 | 16 |
| April | 107 | 260 | 0 | 0 | 7 |
| May | 860 | 260 | 0 | 0 | 31 |
| June | 1098 | 220 | 0 | 0 | 30 |
| July | 502 | 240 | 0 | 0 | 20 |
| August | 1415 | 260 | 0 | 0 | 31 |
| September | 0 | 0 | 0 | 0 | 0 |
| October | 21 | 240 | 0 | 0 | 3 |
| November | 809 | 240 | 0 | 0 | 30 |
| December | 0 | 0 | 0 | 0 | 0 |
| ***TOTAL*** | 5056 | | 0 | | |

Submitted Electronically