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 + 1632
Contact Person: Taylor Leiker
Phone: (785) 432-1083
Lease Name: NELSON
Well Number: SWD

API No.: 15-109-00006-00-01
Permit No: D32443.0
Reporting Year: 2018
(January 1 to December 31)

SE - NE - NW - NE Sec. 4 Twp. 13 S. R. 36 ☐ E ☑ W
(Q/Q/Q/Q)
360 feet from ☑ N / ☐ S Line of Section
1342 feet from ☑ E / ☐ W Line of Section
County: Logan

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: WHITEHORSE,CEDAR HILLS
Maximum Authorized Injection Rate: 750 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	2480	0	0	0	31
February	2240	0	0	0	28
March	2850	0	0	0	31
April	3300	0	0	0	30
May	3410	0	0	0	31
June	3300	0	0	0	30
July	3410	0	0	0	31
August	3410	0	0	0	31
September	3300	0	0	0	30
October	6510	0	0	0	31
November	10950	0	0	0	30
December	11315	0	0	0	31
TOTAL	56475		0		

Submitted Electronically