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: GROVES
Well Number: 8-32C INJ4

API No.: 15-037-22332-00-00
Permit No: E23687.11
Reporting Year: 2019
(January 1 to December 31)

SW - SE - NE - ____ Sec. 32 Twp. 27 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3045 feet from ☐ N / ☑ S Line of Section
685 feet from ☑ E / ☐ W Line of Section
County: Crawford

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: 450 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 300 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	234	400	0	0	26
February	224	400	0	0	28
March	248	400	0	0	31
April	270	400	0	0	30
May	279	400	0	0	31
June	240	400	0	0	30
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	1495		0		

Submitted Electronically