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 # 35513
Name: Fossil Creek Energy, LLC
Address 1: PO BOX 915
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0915
Contact Person: Gavin Ramsay
Phone: (785) 310-9799
Lease Name: OLSON A J - C
Well Number: 3

API No.: 15-167-07050-00-03
Permit No: E29040.2
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SE - NW Sec. 27 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3297 feet from ☐ N / ☑ S Line of Section
2917 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 1500 psi Injection Zone: Lansing-Kansas City
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	18222	0	0	0	31
February	15769	0	0	0	28
March	19084	0	0	0	31
April	19080	0	0	0	27
May	18708	0	0	0	31
June	19217	0	0	0	30
July	18913	0	0	0	31
August	17164	0	0	0	31
September	16497	0	0	0	30
October	17677	0	0	0	31
November	16262	0	0	0	30
December	16570	0	0	0	31
TOTAL	213163		0		

Submitted Electronically