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: KRUG WFS
Well Number: 4 (A9)

API No.: 15-167-07040-00-01
Permit No: E04587.11
Reporting Year: 2023
(January 1 to December 31)

____ - N2 - S2 - NE Sec. 27 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3657 feet from ☐ N / ☑ S Line of Section
1453 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	8518	380	0	0	31
February	7649	340	0	0	28
March	11330	420	0	0	31
April	11150	440	0	0	30
May	11264	460	0	0	31
June	11432	480	0	0	30
July	10434	480	0	0	31
August	10402	440	0	0	31
September	9612	440	0	0	30
October	8954	440	0	0	31
November	9102	420	0	0	30
December	9566	440	0	0	31
TOTAL	119413		0		

Submitted Electronically