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 # 35899
Name: Foster Oil LLC
Address 1: 2906 N 2ND
Address 2:
City: NATOMA State: KS Zip: 67651 + __ __ __ __
Contact Person: BRENNAN FOSTER
Phone: (785) 737-3685
Lease Name: DORA SMITH
Well Number: 5

API No.: 15-163-22673-00-01
Permit No: E10108.3
Reporting Year: 2024
(January 1 to December 31)

NW - NW - SE - SE Sec. 12 Twp. 9 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
1120 feet from ☐ N / ☑ S Line of Section
1300 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 1000 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically