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: (303) 829-3041
Lease Name: GROVES
Well Number: 8-32C INJ

API No.: 15-037-22330-00-00
Permit No: E23687.10
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SE - NE Sec. 32 Twp. 27 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3031 feet from ☐ N / ☑ S Line of Section
1015 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	47	210	0	0	14
February	95	210	0	0	28
March	61	210	0	0	18
April	17	210	0	0	5
May	47	210	0	0	4
June	68	210	0	0	20
July	0	0	0	0	0
August	3	210	0	0	1
September	54	210	0	0	16
October	71	210	0	0	21
November	30	210	0	0	9
December	95	210	0	0	28
TOTAL	588		0		

Submitted Electronically