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: MICHEL F
Well Number: 3-B

API No.: 15-167-07140-00-01
Permit No: E24329.1
Reporting Year: 2025
(January 1 to December 31)

____ - S2 - N2 - NW Sec. 36 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4336 feet from ☐ N / ☑ S Line of Section
3963 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: 500 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	4611	0	0	0	31
February	4611	0	0	0	28
March	3586	0	0	0	31
April	4099	0	0	0	30
May	271	750	0	0	30
June	282	800	0	0	30
July	2809	950	0	0	31
August	6114	1000	0	0	31
September	5579	1000	0	0	30
October	5942	900	0	0	31
November	5630	950	0	0	30
December	6207	920	0	0	31
TOTAL	49741		0		

Submitted Electronically