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 # 35657
Name: Rockhound Petroleum, LLC
Address 1: 255 NE 30th St
Address 2:
City: ST. JOHN State: KS Zip: 67576 + 0043
Contact Person: KEATON JONES
Phone: (620) 546-4010
Lease Name: LUCAS
Well Number: 2

API No.: 15-185-24018-00-01
Permit No: D34621.0
Reporting Year: 2025
(January 1 to December 31)

____ - E2 - NW - NE Sec. 4 Twp. 24 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☑ N / ☐ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	1260				7
August	5890				31
September	5550				30
October	5735				31
November	5700				30
December	1240				31
TOTAL	25375		0		

Submitted Electronically