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: PO BOX 460579
Address 2:
City: AURORA State: CO Zip: 80046 + 0579
Contact Person: Joe Taglieri
Phone: ( 303 ) 829-3041
Lease Name: VOGEL
Well Number: 16-36C INJ

API No.: 15-011-23474-00-00
Permit No: E30085.28
Reporting Year: 2025
*(January 1 to December 31)*

____ - SW - SE - SE Sec. 36 Twp. 24 S. R. 23 ☑ E ☐ W
*(Q/Q/Q/Q)*
479 feet from ☐ N / ☑ S Line of Section
810 feet from ☑ E / ☐ W Line of Section
County: Bourbon

**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 | 395 | 300 | 0 | 0 | 25 |
| February | 348 | 300 | 0 | 0 | 22 |
| March | 474 | 300 | 0 | 0 | 30 |
| April | 458 | 300 | 0 | 0 | 29 |
| May | 490 | 300 | 0 | 0 | 31 |
| June | 466 | 300 | 0 | 0 | 30 |
| July | 482 | 300 | 0 | 0 | 31 |
| August | 478 | 300 | 0 | 0 | 31 |
| September | 427 | 300 | 0 | 0 | 27 |
| October | 486 | 300 | 0 | 0 | 31 |
| November | 470 | 300 | 0 | 0 | 30 |
| December | 483 | 300 | 0 | 0 | 31 |
| ***TOTAL*** | 5457 | | 0 | | |

Submitted Electronically