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: 2-1B INJ

API No.: 15-011-23511-00-00
Permit No: E30085.44
Reporting Year: 2025
(January 1 to December 31)

____ - NW - NW - NE Sec. 1 Twp. 25 S. R. 23 ☑ E ☐ W
(Q/Q/Q/Q)
5115 feet from ☐ N / ☑ S Line of Section
2111 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	410	300	0	0	25
February	361	300	0	0	22
March	492	300	0	0	30
April	476	300	0	0	29
May	508	300	0	0	31
June	484	300	0	0	30
July	500	300	0	0	31
August	496	300	0	0	31
September	443	300	0	0	27
October	504	300	0	0	31
November	488	300	0	0	30
December	501	300	0	0	31
TOTAL	5663		0		

Submitted Electronically