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: SHAW
Well Number: 1-25D INJ4

API No.: 15-011-24473-00-00
Permit No: E30725.12
Reporting Year: 2025
(January 1 to December 31)

____ - SW - NE - NE Sec. 25 Twp. 24 S. R. 25 ☑ E ☐ W
(Q/Q/Q/Q)
4353 feet from ☐ N / ☑ S Line of Section
356 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: 200 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 150 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	306	180	0	0	24
February	153	180	0	0	12
March	307	180	0	0	24
April	319	180	0	0	25
May	714	180	0	0	28
June	370	180	0	0	29
July	375	180	0	0	31
August	369	180	0	0	31
September	358	180	0	0	30
October	315	180	0	0	31
November	352	180	0	0	30
December	333	180	0	0	31
TOTAL	4271		0		

Submitted Electronically