1282796

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 # 5046
Name: Raymond Oil Company, Inc.
Address 1: PO BOX 48788
Address 2:
City: WICHITA State: KS Zip: 67201 + 8788
Contact Person: Chuck Roach
Phone: (316) 267-4214
Lease Name: DREILING
Well Number: 3

API No.: 15-051-20979-00-00
Permit No: D17627.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NE - SE Sec. 27 Twp. 12 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
1478 feet from ☐ N / ☑ S Line of Section
432 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: CEDAR HILLS
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	293	0	0		29
February	253	0	0		25
March	293	0	0		29
April	303	0	0		30
May	303	0	0		30
June	263	0	0		26
July	273	0	0		27
August	293	0	0		29
September	293	0	0		29
October	313	0	0		31
November	303	0	0		30
December	293	0	0		29
TOTAL	3476		0		

Submitted Electronically