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 # 5146
Name: Rains & Williamson Oil Co., Inc.
Address 1: 13605 W. MAPLE, SUITE 103
Address 2:
City: WICHITA State: KS Zip: 67235 + __ __ __ __
Contact Person: Pat Thome
Phone: (316) 265-9686
Lease Name: RANKIN
Well Number: 2

API No.: 15-167-22231-00-01
Permit No: E26253.3
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - SW Sec. 32 Twp. 13 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1124 feet from ☐ N / ☑ S Line of Section
4575 feet from ☑ E / ☐ W Line of Section
County: Russell

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: LANSING
Maximum Authorized Injection Rate: 1000 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	5518	0	0		31
February	4984	0	0		28
March	5518	0	0		31
April	5340	0	0		30
May	5518	0	0		31
June	4806	0	0		30
July	5518	0	0		31
August	5518	0	0		31
September	5340	0	0		30
October	5518	0	0		31
November	5340	0	0		30
December	5518	0	0		31
TOTAL	64436		0		

Submitted Electronically