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: Charles Roach
Phone: (316) 267-4214
Lease Name: SHARP
Well Number: 8-5

API No.: 15-101-21281-00-02
Permit No: D31269.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - NW Sec. 8 Twp. 17 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
3584 feet from ☐ N / ☑ S Line of Section
4846 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 0 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	1216	0	0		25
February	1494	0	0		28
March	1605	0	0		31
April	1629	0	0		30
May	1579	0	0		31
June	1603	0	0		30
July	1683	0	0		31
August	1527	0	0		31
September	1603	0	0		30
October	1487	0	0		30
November	1459	0	0		30
December	1798	0	0		30
TOTAL	18683		0		

Submitted Electronically