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 # 3911
Name: Rama Operating Co., Inc.
Address 1: 101 S MAIN ST
Address 2:
City: STAFFORD State: KS Zip: 67578 + 1429
Contact Person: Robin Austin
Phone: (620) 234-5191
Lease Name: GROVE
Well Number: 3A

API No.: 15-159-03070-00-02
Permit No: D04173.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SW - SE Sec. 29 Twp. 19 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
3056 feet from ☐ N / ☑ S Line of Section
1556 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 500 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 5000 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	75778	0	0	0	31
February	71568	0	0	0	28
March	79236	0	0	0	31
April	75882	0	0	0	30
May	79236	0	0	0	31
June	76680	0	0	0	30
July	62758	0	0	0	31
August	59737	0	0	0	31
September	75170	0	0	0	30
October	77002	0	0	0	31
November	76194	0	0	0	30
December	79056	0	0	0	31
TOTAL	888297		0		

Submitted Electronically