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: ELMORE A OWDD
Well Number: 3

API No.: 15-165-20187-00-01
Permit No: D32533.0
Reporting Year: 2019
(January 1 to December 31)

S2 - N2 - SE - NE Sec. 17 Twp. 17 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
3330 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Rush

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: ARBUCKLE
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	4762	0	0		31
February	4301	0	0		28
March	4762	0	0		31
April	4608	0	0		30
May	4762	0	0		31
June	4608	0	0		30
July	4762	0	0		31
August	4762	0	0		31
September	4608	0	0		30
October	4762	0	0		31
November	4608	0	0		30
December	4762	0	0		31
TOTAL	56067		0		

Submitted Electronically