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 + 8753
Contact Person: Pat Thome
Phone: (316) 265-9686
Lease Name: ADAMEK
Well Number: 4

API No.: 15-053-20709-00-00
Permit No: D20317.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SE - NW Sec. 33 Twp. 14 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
3644 feet from ☐ N / ☑ S Line of Section
3632 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 800 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	3441				31
February	3108				28
March	3441				31
April	3330				30
May	3441				31
June	3330				30
July	3441				31
August	3330				31
September	3330				30
October	3441				31
November	3330				30
December	3441				31
TOTAL	40404		0		

Submitted Electronically