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: P. O Box 12746
Address 2:
City: WICHITA State: KS Zip: 67235 + __ __ __ __
Contact Person: Pat Thome
Phone: (316) 265-9686
Lease Name: RAY NOAH
Well Number: 1

API No.: 15-065-21751-00-01
Permit No: D27132.0
Reporting Year: 2020
(January 1 to December 31)

W2 - NE - NE - SE Sec. 19 Twp. 10 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
2331 feet from ☐ N / ☑ S Line of Section
424 feet from ☑ E / ☐ W Line of Section
County: Graham

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	12262				31
February	12160				29
March	12691				31
April	10733				30
May	11090				31
June	12792				30
July	14312				31
August	13134				31
September	12710				30
October	11880				31
November	11318				30
December	13237				31
TOTAL	148319		0		

Submitted Electronically