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: DODSON A
Well Number: 1-16 SWD

API No.: 15-151-22410-00-01
Permit No: D31567.0
Reporting Year: 2020
*(January 1 to December 31)*

NW - SE - SE - SW Sec. 16 Twp. 26 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
480 feet from ☐ N / ☑ S Line of Section
3143 feet from ☑ E / ☐ W Line of Section
County: Pratt

**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: 1000 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 8000 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 | 2700 | 0 | 0 | 0 | 31 |
| February | 2610 | 0 | 0 | 0 | 29 |
| March | 2340 | 0 | 0 | 0 | 31 |
| April | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 |
| June | 0 | 0 | 0 | 0 | 0 |
| July | 1530 | 0 | 0 | 0 | 31 |
| August | 2520 | 0 | 0 | 0 | 31 |
| September | 2700 | 0 | 0 | 0 | 30 |
| October | 3150 | 0 | 0 | 0 | 31 |
| November | 2970 | 0 | 0 | 0 | 30 |
| December | 2880 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 23400 | | 0 | | |

Submitted Electronically