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: ROSE SWD
Well Number: 1

API No.: 15-109-20870-00-01
Permit No: D30914.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - SW Sec. 11 Twp. 14 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
2095 feet from ☐ N / ☑ S Line of Section
3569 feet from ☑ E / ☐ W Line of Section
County: Logan

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: 6000 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	9394	0	0		31
February	8651	0	0		29
March	9757	0	0		31
April	5834	0	0		30
May	4799	0	0		31
June	9325	0	0		30
July	11494	0	0		31
August	10356	0	0		31
September	10516	0	0		30
October	10367	0	0		31
November	9348	0	0		30
December	9548				31
TOTAL	109389		0		

Submitted Electronically