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: MICHAUD TRUST
Well Number: 4

API No.: 15-101-22297-00-00
Permit No: D31003.0
Reporting Year: 2020
(January 1 to December 31)

NE - NW - SE - SE Sec. 21 Twp. 18 S. R. 27 ☐ E ☑ W
(Q/Q/Q/Q)
1112 feet from ☐ N / ☑ S Line of Section
818 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 5000 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	31231	0	0		31
February	29216	0	0		29
March	31231	0	0		31
April	30224	0	0		30
May	31231	0	0		31
June	30224	0	0		30
July	30831	0	0		31
August	31231	0	0		31
September	27821	0	0		30
October	31231	0	0		31
November	30224	0	0		30
December	31231	0	0		31
TOTAL	365926		0		

Submitted Electronically