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: 67277 + 2746
Contact Person: Pat Thome
Phone: (316) 265-9686
Lease Name: STECKEL B
Well Number: 4

API No.: 15-167-22223-00-02
Permit No: E20693.2
Reporting Year: 2021
(January 1 to December 31)

___ - SE - NE - NW Sec. 18 Twp. 12 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4349 feet from ☐ N / ☑ S Line of Section
2997 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 200 psi Injection Zone: LANSING-KANSAS CITY
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	22788				31
February	20244				28
March	22788				31
April	21940				30
May	22788				31
June	21940				30
July	22788				31
August	22788				31
September	21940				30
October	22788				31
November	21940				30
December	22788				31
TOTAL	267520		0		

Submitted Electronically