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
Well Number: 1

API No.: 15-167-04587-00-01
Permit No: E20693.1
Reporting Year: 2022
(January 1 to December 31)

____ - ____ - NE - SW Sec. 18 Twp. 12 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
2098 feet from ☐ N / ☑ S Line of Section
3283 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	22534				31
February	20922				28
March	22534				31
April	21920				30
May	18586				31
June	21920				30
July	22534				31
August	22534				31
September	21920				30
October	22534				31
November	21920				30
December	22534				31
TOTAL	262392		0		

Submitted Electronically