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: P.O. Box 159
City: STAFFORD State: KS Zip: 67578 + 1429
Contact Person: Robin Austin
Phone: ( 620 ) 234-5191
Lease Name: WILSON
Well Number: B-1

API No.: 15-047-30111-00-01
Permit No: E26670.1
Reporting Year: 2022
*(January 1 to December 31)*

____ - SE - NW - SW Sec. 4 Twp. 25 S. R. 16 ☐ E ☑ W
*(Q/Q/Q/Q)*
1668 feet from ☐ N / ☑ S Line of Section
4303 feet from ☑ E / ☐ W Line of Section
County: Edwards

**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 | 20149 | 0 | 0 | 0 | 31 |
| February | 18200 | 0 | 0 | 0 | 28 |
| March | 20155 | 0 | 0 | 0 | 31 |
| April | 19507 | 0 | 0 | 0 | 30 |
| May | 20155 | 0 | 0 | 0 | 31 |
| June | 19506 | 0 | 0 | 0 | 30 |
| July | 20151 | 0 | 0 | 0 | 31 |
| August | 20149 | 0 | 0 | 0 | 31 |
| September | 17553 | 0 | 0 | 0 | 30 |
| October | 20150 | 0 | 0 | 0 | 31 |
| November | 19503 | 0 | 0 | 0 | 30 |
| December | 20149 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 235327 | | 0 | | |

Submitted Electronically