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: HILLARD
Well Number: 4-1

API No.: 15-151-22423-00-01
Permit No: E34039.1
Reporting Year: 2022
(January 1 to December 31)

W2 - NE - SW - NE Sec. 1 Twp. 28 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
3665 feet from ☐ N / ☑ S Line of Section
1730 feet from ☑ E / ☐ W Line of Section
County: Pratt

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: 400 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 750 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	4916	0	0	0	31
February	5069	0	0	0	28
March	4885	0	0	0	31
April	4505	0	0	0	30
May	5093	0	0	0	31
June	5431	0	0	0	30
July	5571	0	0	0	31
August	4664	0	0	0	31
September	3289	0	0	0	30
October	5494	0	0	0	31
November	5355	0	0	0	30
December	3694	0	0	0	31
TOTAL	57966		0		

Submitted Electronically