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: ADAMS
Well Number: 2

API No.: 15-119-20005-00-01
Permit No: E27818.1
Reporting Year: 2022
*(January 1 to December 31)*

____ - NW - SW - SW Sec. 2 Twp. 35 S. R. 30 ☐ E ☑ W
*(Q/Q/Q/Q)*
676 feet from ☐ N / ☑ S Line of Section
4830 feet from ☑ E / ☐ W Line of Section
County: Meade

**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: St. Louis
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 | 6200 | 0 | 0 | 0 | 31 |
| February | 4200 | 0 | 0 | 0 | 28 |
| March | 6195 | 0 | 0 | 0 | 31 |
| April | 5877 | 0 | 0 | 0 | 30 |
| May | 4985 | 0 | 0 | 0 | 31 |
| June | 6010 | 0 | 0 | 0 | 30 |
| July | 6125 | 0 | 0 | 0 | 31 |
| August | 6225 | 0 | 0 | 0 | 31 |
| September | 3200 | 0 | 0 | 0 | 30 |
| October | 5000 | 0 | 0 | 0 | 31 |
| November | 6088 | 0 | 0 | 0 | 30 |
| December | 6199 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 66304 | | 0 | | |

Submitted Electronically