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) 2659686
Lease Name: RANKIN
Well Number: 2

API No.: 15-167-22231-00-01
Permit No: E26253.3
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SW - SW Sec. 32 Twp. 13 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1124 feet from ☐ N / ☑ S Line of Section
4575 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
Maximum Authorized Injection Rate: 1000 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	5518				31
February	4984				28
March	5518				31
April	5340				30
May	5518				31
June	5340				30
July	5518				31
August	5518				31
September	5340				30
October	5518				31
November	5340				30
December	5518				31
TOTAL	64970		0		

Submitted Electronically