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: STECKEL
Well Number: 1

API No.: 15-167-04587-00-01
Permit No: E20693.1
Reporting Year: 2023
*(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 | 22534 | | | | 31 |
| June | 21920 | | | | 30 |
| July | 22534 | | | | 31 |
| August | 22534 | | | | 31 |
| September | 21920 | | | | 30 |
| October | 22534 | | | | 31 |
| November | 21920 | | | | 30 |
| December | 22534 | | | | 31 |
| ***TOTAL*** | 266340 | | 0 | | |

Submitted Electronically