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: PO BOX 159
City: STAFFORD State: KS Zip: 67578 + 0159
Contact Person: Robin Austin
Phone: (620) 234-5191
Lease Name: SHARPE A
Well Number: 2

API No.: 15-159-21174-00-00
Permit No: D20883.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - NE Sec. 27 Twp. 18 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
2948 feet from ☐ N / ☑ S Line of Section
1640 feet from ☑ E / ☐ W Line of Section
County: Rice

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: Arbuckle
Maximum Authorized Injection Rate: 2000 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	30467	0	0	0	31
February	26219	0	0	0	28
March	28109	0	0	0	31
April	30066	0	0	0	30
May	32339	0	0	0	31
June	29801	0	0	0	30
July	32340	0	0	0	31
August	31217	0	0	0	31
September	29981	0	0	0	30
October	31959	0	0	0	31
November	31290	0	0	0	30
December	32331	0	0	0	31
TOTAL	366119		0		

Submitted Electronically