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: NRSU
Well Number: 9

API No.: 15-151-19033-00-01
Permit No: E13954.4
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NE - SE Sec. 25 Twp. 27 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1662 feet from ☐ N / ☑ S Line of Section
386 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: 1200 psi Injection Zone: Viola
Maximum Authorized Injection Rate: 1400 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	368	0	0	0	31
February	333	0	0	0	28
March	367	0	0	0	31
April	357	0	0	0	30
May	372	0	0	0	31
June	358	0	0	0	30
July	373	0	0	0	31
August	369	0	0	0	31
September	351	0	0	0	30
October	365	0	0	0	31
November	354	0	0	0	30
December	364	0	0	0	31
TOTAL	4331		0		

Submitted Electronically