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: GEM
Well Number: 1-25 SWD

API No.: 15-185-11920-00-01
Permit No: D34142.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NW - SW Sec. 25 Twp. 25 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
990 feet from ☐ E / ☑ W Line of Section
County: Stafford

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: 100 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 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	1859	0	0	0	31
February	1680	0	0	0	28
March	3058	0	0	0	31
April	3400	0	0	0	30
May	3663	0	0	0	31
June	3401	0	0	0	30
July	3664	0	0	0	31
August	4660	0	0	0	31
September	4594	0	0	0	30
October	4706	0	0	0	31
November	4697	0	0	0	30
December	4750	0	0	0	31
TOTAL	44132		0		

Submitted Electronically