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: BUCKBEE
Well Number: 6

API No.: 15-009-23832-00-02
Permit No: E27101.1
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - SE Sec. 15 Twp. 20 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
358 feet from ☐ N / ☑ S Line of Section
1749 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 500 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 500 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	2479	0	0	0	31
February	2240	0	0	0	28
March	2478	0	0	0	31
April	2400	0	0	0	30
May	2483	0	0	0	31
June	2401	0	0	0	30
July	404	0	0	0	31
August	0	0	0	0	0
September	2394	0	0	0	30
October	2476	0	0	0	31
November	2397	0	0	0	30
December	2475	0	0	0	31
TOTAL	24627		0		

Submitted Electronically