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: ALICE ROMINE
Well Number: 6

API No.: 15-051-22422-00-01
Permit No: D25708.0
Reporting Year: 2023
(January 1 to December 31)

S2 - N2 - N2 - NW Sec. 18 Twp. 11 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4764 feet from ☐ N / ☑ S Line of Section
4013 feet from ☑ E / ☐ W Line of Section
County: Ellis

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	4338	0	0	0	31
February	3920	0	0	0	28
March	4344	0	0	0	31
April	4201	0	0	0	30
May	4339	0	0	0	31
June	4212	0	0	0	30
July	4345	0	0	0	31
August	4340	0	0	0	31
September	4205	0	0	0	30
October	4338	0	0	0	31
November	4218	0	0	0	30
December	4348	0	0	0	31
TOTAL	51148		0		

Submitted Electronically