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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 # 5146
Name: Rains & Williamson Oil Co., Inc.
Address 1: P. O. Box 12746
Address 2:
City: WICHITA State: KS Zip: 67277 + 2746
Contact Person: Pat Thome
Phone: ( 316 ) 265-9686
Lease Name: RANKIN
Well Number: 2

API No.: 15-167-22231-00-01
Permit No: E26253.3
Reporting Year: 2024
*(January 1 to December 31)*

____ - NE - SW - SW Sec. 32 Twp. 13 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
1124 feet from ☐ N / ☑ S Line of Section
4575 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 200 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1000 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 | 5518 | | | | 31 |
| February | 5162 | | | | 29 |
| March | 5518 | | | | 31 |
| April | 5340 | | | | 30 |
| May | 5518 | | | | 31 |
| June | 5340 | | | | 30 |
| July | 5518 | | | | 31 |
| August | 5518 | | | | 31 |
| September | 5340 | | | | 30 |
| October | 5518 | | | | 31 |
| November | 5340 | | | | 30 |
| December | 5518 | | | | 31 |
| ***TOTAL*** | 65148 | | 0 | | |

Submitted Electronically