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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 # 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: DEES
Well Number: 4

API No.: 15-053-25592-00-02
Permit No: D00350.0
Reporting Year: 2024
(January 1 to December 31)

(Q/Q/Q/Q) SE - SE - NW Sec. 23 Twp. 17 S. R. 9 ☐ E ☑ W
3035 feet from ☐ N / ☑ S Line of Section
3088 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 6000 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	11693	0	0	0	31
February	18842	0	0	0	29
March	20155	0	0	0	31
April	19494	0	0	0	30
May	20158	0	0	0	31
June	19510	0	0	0	30
July	20150	0	0	0	31
August	20151	0	0	0	31
September	19515	0	0	0	30
October	20141	0	0	0	31
November	18195	0	0	0	30
December	20146	0	0	0	31
TOTAL	228150		0		

Submitted Electronically