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: MCFARLAND
Well Number: 5

API No.: 15-159-03919-00-02
Permit No: D20062.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SE - NW Sec. 7 Twp. 20 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
2969 feet from ☐ N / ☑ S Line of Section
3741 feet from ☑ E / ☐ W Line of Section
County: Rice

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	24483	0	0	0	31
February	22902	0	0	0	29
March	24495	0	0	0	31
April	23694	0	0	0	30
May	24498	0	0	0	31
June	23710	0	0	0	30
July	24490	0	0	0	31
August	24491	0	0	0	31
September	23715	0	0	0	30
October	24481	0	0	0	31
November	23695	0	0	0	30
December	24486	0	0	0	31
TOTAL	289140		0		

Submitted Electronically