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: HARRISON
Well Number: 1-13

API No.: 15-185-22430-00-03
Permit No: D27543.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - SW Sec. 13 Twp. 24 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
837 feet from ☐ N / ☑ S Line of Section
3604 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: Topeka Linsing
Maximum Authorized Injection Rate: 750 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	3093	0	0	0	31
February	2892	0	0	0	29
March	3105	0	0	0	31
April	2994	0	0	0	30
May	3108	0	0	0	31
June	3010	0	0	0	30
July	3100	0	0	0	31
August	3101	0	0	0	31
September	3015	0	0	0	30
October	3091	0	0	0	31
November	2995	0	0	0	30
December	3096	0	0	0	31
TOTAL	36600		0		

Submitted Electronically