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: ADAMS
Well Number: 2

API No.: 15-119-20005-00-01
Permit No: E27818.1
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SW - SW Sec. 2 Twp. 35 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
676 feet from ☐ N / ☑ S Line of Section
4830 feet from ☑ E / ☐ W Line of Section
County: Meade

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: St. Louis
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	4293	0	0	0	31
February	5792	0	0	0	29
March	5705	0	0	0	31
April	6094	0	0	0	30
May	5408	0	0	0	31
June	6010	0	0	0	30
July	6200	0	0	0	31
August	6001	0	0	0	31
September	6015	0	0	0	30
October	5791	0	0	0	31
November	5995	0	0	0	30
December	6196	0	0	0	31
TOTAL	69500		0		

Submitted Electronically