

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: PO Box 12746
Address 2: _____
City: WICHITA State: KS Zip: 67277 + 2746
Contact Person: Pat Thome
Phone: (316) 265-9686
Lease Name: BIRD
Well Number: 2

API No.: 15-175-20286-00-02
Permit No.: D18377.0
Reporting Year: 2025
(January 1 to December 31)
____ - SW - SW - SE Sec. 36 Twp. 34 S. R. 32 ☐ E ☒ W
(a/a/a/a)
607 feet from ☐ N / ☒ S Line of Section
2105 feet from ☒ E / ☐ W Line of Section
County: Seward

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: CEDAR HILLS
Maximum Authorized Injection Rate: 150 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	<u>4340</u>	_____	_____	_____	<u>31</u>
	February	<u>3920</u>	_____	_____	_____	<u>28</u>
	March	<u>4340</u>	_____	_____	_____	<u>31</u>
	April	<u>4200</u>	_____	_____	_____	<u>30</u>
	May	<u>4340</u>	_____	_____	_____	<u>31</u>
	June	<u>4200</u>	_____	_____	_____	<u>30</u>
	July	<u>4340</u>	_____	_____	_____	<u>31</u>
	August	<u>3780</u>	_____	_____	_____	<u>31</u>
	September	<u>3220</u>	_____	_____	_____	<u>30</u>
	October	<u>4340</u>	_____	_____	_____	<u>31</u>
	November	<u>4200</u>	_____	_____	_____	<u>30</u>
	December	<u>4340</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>49560</u>	_____	<u>0</u>	_____	_____

Submitted Electronically