

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 # 5046
Name: Raymond Oil Company, Inc.
Address 1: PO BOX 48788
Address 2: _____
City: WICHITA State: KS Zip: 67201 + 8788
Contact Person: Allen Smith
Phone: (316) 267-4214
Lease Name: RUNDELL
Well Number: 2C

API No.: 15-185-01046-00-01
Permit No.: D26506.0
Reporting Year: 2025
(January 1 to December 31)
NW - SE - SE - SE Sec. 32 Twp. 25 S. R. 11 ☐ E ☒ W
(a/a/a/a)
360 feet from ☐ N / ☒ S Line of Section
371 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: 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	<u>3825</u>	<u>0</u>	<u>0</u>		<u>4</u>
	February	<u>2689</u>	<u>0</u>	<u>0</u>		<u>4</u>
	March	<u>7401</u>	<u>0</u>	<u>0</u>		<u>30</u>
	April	<u>5810</u>	<u>0</u>	<u>0</u>		<u>13</u>
	May	<u>2924</u>	<u>0</u>	<u>0</u>		<u>16</u>
	June	<u>1255</u>	<u>0</u>	<u>0</u>		<u>5</u>
	July	<u>4168</u>	<u>0</u>	<u>0</u>		<u>26</u>
	August	<u>3400</u>	<u>0</u>	<u>0</u>		<u>20</u>
	September	<u>3936</u>	<u>0</u>	<u>0</u>		<u>12</u>
	October	<u>2457</u>	<u>0</u>	<u>0</u>		<u>9</u>
	November	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
	December	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
	TOTAL	<u>37865</u>		<u>0</u>		

Submitted Electronically