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: SW LANSING TOBIAS
Well Number: 1

API No.: 15-159-00492-00-01
Permit No: E16771.1
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SW - NE Sec. 3 Twp. 21 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
2981 feet from ☐ N / ☑ S Line of Section
2307 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: 600 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 200 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	2628	0	0	0	31
February	1947	0	0	0	28
March	2640	0	0	0	31
April	2544	0	0	0	30
May	2643	0	0	0	31
June	2560	0	0	0	30
July	2635	0	0	0	31
August	2636	0	0	0	31
September	2565	0	0	0	30
October	2626	0	0	0	31
November	2545	0	0	0	30
December	2631	0	0	0	31
TOTAL	30600		0		

Submitted Electronically