



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 # 33594
Name: Quito, Inc.
Address 1: 1613 W 6TH ST
Address 2: _____
City: BARTLESVILLE State: OK Zip: 74003 + 3712
Contact Person: MARK W. MCCANN
Phone: (918) 337-4747
Lease Name: SEARS
Well Number: 10

API No.: 15-019-21402-00-01
Permit No: E20676.4
Reporting Year: 2015
(January 1 to December 31)
SE - NE - SE - NW Sec. 23 Twp. 34 S. R. 10 ☒ E ☐ W
(a/a/a/a)
3325 feet from ☐ N / ☒ S Line of Section
2902 feet from ☒ E / ☐ W Line of Section
County: Chautauqua

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: 300 psi Injection Zone: BIG SALT
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>0</u>		<u>0</u>		
	February	<u>0</u>		<u>0</u>		
	March	<u>0</u>		<u>0</u>		
	April	<u>0</u>		<u>0</u>		
	May	<u>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>0</u>		<u>0</u>		
	August	<u>0</u>		<u>0</u>		
	September	<u>0</u>		<u>0</u>		
	October	<u>0</u>		<u>0</u>		
	November	<u>0</u>		<u>0</u>		
	December	<u>0</u>		<u>0</u>		
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically