1344574

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 # 35285
Name: Quad Operating, LLC
Address 1: 2526 N. FUNSTON ST.
Address 2:
City: IOLA State: KS Zip: 66749 + __ __ __ __
Contact Person: Tom miller
Phone: (620) 496-6052
Lease Name: DONLEY
Well Number: 1 SWD

API No.: 15-003-23739-00-00
Permit No: D26773.0
Reporting Year: 2016
(January 1 to December 31)

____ - SE - NE - NE Sec. 31 Twp. 22 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
4612 feet from ☐ N / ☑ S Line of Section
74 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 200 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 500 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	25	125	0		31
February	4200	125	0		28
March	4650	125	0		31
April	4350	125	0		30
May	4650	125	0		31
June	4500	125	0		30
July	4650	125	0		31
August	3200	125	0		31
September	1750	125	0		30
October	750	125	0		30
November	665	125	0		30
December	275	125	0		31
TOTAL	33665		0		

Submitted Electronically