1346828

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: Johnnie Riley
Phone: (316) 284-1120
Lease Name: DONLEY
Well Number: I 8

API No.: 15-003-23944-00-00
Permit No: E26719.14
Reporting Year: 2016
(January 1 to December 31)

NW - NE - NE - NE Sec. 31 Twp. 22 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
5012 feet from ☐ N / ☑ S Line of Section
484 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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 15 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	225	75	0		15
August	620	75	0		31
September	660	75	0		30
October	775	75	0		31
November	750	75	0		30
December	775	75	0		31
TOTAL	3805		0		

Submitted Electronically