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 # 5225
Name: Quinque Operating Company
Address 1: 908 NW 71ST ST
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73116 + 7402
Contact Person: Catherine Smith
Phone: (405) 840-9876
Lease Name: KOEHN
Well Number: 1-19

API No.: 15-119-20942-00-01
Permit No: D28640.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - N2 - SE Sec. 19 Twp. 30 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
1995 feet from ☐ N / ☑ S Line of Section
1317 feet from ☑ E / ☐ W Line of Section
County: Meade

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: CEDAR HILLS
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	555	0	0		31
February	885	0	0		28
March	563	0	0		31
April	660	0	0		30
May	578	0	0		31
June	395	0	0		30
July	875	0	0		31
August	525	0	0		31
September	1040	0	0		30
October	968	0	0		31
November	1040	0	0		30
December	693	0	0		31
TOTAL	8777		0		

Submitted Electronically