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 # 33185
Name: Quail Oil & Gas, LC
Address 1: 525 INDUSTRIAL DR.
Address 2: PO BOX K
City: GARDEN CITY State: KS Zip: 67846 + 9643
Contact Person: Wray Valentine
Phone: (620) 271-0236
Lease Name: MCCLUNG
Well Number: 2

API No.: 15-035-20377-00-01
Permit No: D25789.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - SE Sec. 6 Twp. 33 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1989 feet from ☐ N / ☑ S Line of Section
1269 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: STALNAKER
Maximum Authorized Injection Rate: 300 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	310	0	0		31
February	280	0	0		28
March	290	0	0		31
April	280	0	0		30
May	90	0	0		31
June	420	0	0		30
July	745	0	0		31
August	680	0	0		31
September	660	0	0		30
October	680	0	0		31
November	660	0	0		30
December	435	0	0		31
TOTAL	5530		0		

Submitted Electronically