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 # 4175
Name: Dvorachek, Harold A. dba Quest Development Co.
Address 1: PO BOX 413
Address 2:
City: IOLA State: KS Zip: 66749 + 0413
Contact Person: H. Dvorachek
Phone: (620) 228-3378
Lease Name: LEHMANN
Well Number: 11.5

API No.: 15-031-22814-00-01
Permit No: E31115.2
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NW Sec. 33 Twp. 22 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
3045 feet from ☐ N / ☑ S Line of Section
3704 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 1.06 Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 50 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	70	550	0		3
February	43	550	0		2
March	123	550	0		10
April	115	550	0		10
May	26	550	0		1
June	62	550	0		3
July	51	550	0		2
August	123	550	0		10
September	769	550	0		30
October	659	550	0		30
November	659	550	0		30
December	405	550	0		20
TOTAL	3105		0		

Submitted Electronically