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: ROGERS
Well Number: 1

API No.: 15-035-23642-00-01
Permit No: D30704.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - NE Sec. 11 Twp. 34 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
2310 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: 150 psi Injection Zone: LAYTON
Maximum Authorized Injection Rate: 150 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	375	0	0	0	31
February	335	0	0	0	28
March	375	0	0	0	31
April	370	0	0	0	30
May	380	0	0	0	31
June	360	0	0	0	30
July	370	0	0	0	31
August	290	0	0	0	24
September	360	0	0	0	30
October	370	0	0	0	31
November	360	0	0	0	30
December	360	0	0	0	31
TOTAL	4305		0		

Submitted Electronically