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: BOX RANCH
Well Number: 1-3

API No.: 15-033-20723-00-00
Permit No: D25558.0
Reporting Year: 2018
(January 1 to December 31)

E2 - W2 - SE - SE Sec. 3 Twp. 35 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
687 feet from ☐ N / ☑ S Line of Section
790 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 60 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	6300	0	0	0	31
February	5750	0	0	0	28
March	6250	0	0	0	31
April	6200	0	0	0	30
May	6400	0	0	0	31
June	10450	0	0	0	30
July	12710	0	0	0	31
August	11800	0	0	0	30
September	10300	0	0	0	30
October	9250	0	0	0	31
November	12100	0	0	0	30
December	12400	0	0	0	31
TOTAL	109910		0		

Submitted Electronically