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 # 33594
Name: Quito, Inc.
Address 1: 1613 W. 6th Street
Address 2: 1613 W. 6th Street
City: BARTLESVILLE State: OK Zip: 74003 + 3712
Contact Person: Mark W. McCann
Phone: (918) 331-6433
Lease Name: M AND M KIRCHNER
Well Number: 4

API No.: 15-019-24035-00-01
Permit No: E24472.2
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - SE Sec. 7 Twp. 34 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
608 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 300 psi Injection Zone: WAYSIDE
Maximum Authorized Injection Rate: 200 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically