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 N INDUSTRIAL DR.
Address 2: PO BOX K
City: GARDEN CITY State: KS Zip: 67846 + 9633
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: 2019
(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	12700				31
February	11500				28
March	12900				31
April	12500				30
May	7500				31
June	8900				30
July	8000				31
August	12900				31
September	12400				30
October	13000				31
November	13100				30
December	12700				31
TOTAL	138100		0		

Submitted Electronically