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 ST
Address 2:
City: BARTLESVILLE State: OK Zip: 74003 + 3712
Contact Person: Mark W MCCann
Phone: (918) 331-6433
Lease Name: DEARMOND
Well Number: 5

API No.: 15-019-19083-00-01
Permit No: E16972.11
Reporting Year: 2019
(January 1 to December 31)

SW - SW - SE - NW Sec. 15 Twp. 34 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2720 feet from ☐ N / ☑ S Line of Section
3664 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: 500 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	310	100	0		31
February	280	100	0		28
March	310	100	0		31
April	300	100	0		30
May	310	100	0		31
June	300	100	0		30
July	310	100	0		30
August	310	100	0		31
September	300	100	0		30
October	310	100	0		31
November	300	100	0		30
December	310	100	0		31
TOTAL	3650		0		

Submitted Electronically