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: W-11

API No.: 15-019-27325-00-00
Permit No: D31718.0
Reporting Year: 2019
(January 1 to December 31)

SW - SW - NE - SW Sec. 15 Twp. 34 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1481 feet from ☐ N / ☑ S Line of Section
3806 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: 800 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 1000 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	1500	100	0		31
February	1400	100	0		28
March	1550	100	0		31
April	1500	100	0		30
May	1550	100	0		31
June	1500	100	0		30
July	1550	100	0		31
August	1550	100	0		31
September	1500	100	0		30
October	1550	100	0		31
November	1500	100	0		30
December	1550	100			31
TOTAL	18200		0		

Submitted Electronically