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 # 5225
Name: Quinque Operating Company
Address 1: 908 NW 71ST ST
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73116 + 7402
Contact Person: Catherine Smith
Phone: ( 405 ) 840-9876
Lease Name: KEATING
Well Number: 1-23

API No.: 15-175-20691-00-00
Permit No: D22213.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - NE - SE Sec. 23 Twp. 34 S. R. 31 ☐ E ☑ W
*(Q/Q/Q/Q)*
2262 feet from ☐ N / ☑ S Line of Section
494 feet from ☑ E / ☐ W Line of Section
County: Seward

**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: 200 psi Injection Zone: MARMATON
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 | 259 | | | | 13 |
| 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*** | 259 | | 0 | | |

Submitted Electronically