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: M-2

API No.: 15-019-27186-00-01
Permit No: E16972.15
Reporting Year: 2020
(January 1 to December 31)

NW - SW - NE - SW Sec. 15 Twp. 34 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1714 feet from ☐ N / ☑ S Line of Section
3752 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: PERU
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	1240	60	0		31
February	1120	60	0		28
March	1240	60	0		31
April	1200	60	0		30
May	1200	60	0		30
June	1200	60	0		30
July	1240	60	0		31
August	1240	60	0		31
September	1200	60	0		30
October	1240	60	0		31
November	1200	60	0		30
December	1240	60	0		31
TOTAL	14560		0		

Submitted Electronically