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: WILLIAMSON
Well Number: 2

API No.: 15-019-21701-00-00
Permit No: D21011.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - SE Sec. 25 Twp. 33 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
1109 feet from ☐ N / ☑ S Line of Section
2414 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: 200 psi Injection Zone: BIG SALT
Maximum Authorized Injection Rate: 50 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	300	10	0		31
February	300	10	0		28
March	300	10	0		31
April	300	10	0		30
May	300	10	0		31
June	300	10	0		30
July	300	10	0		31
August	300	10	0		31
September	300	10	0		30
October	300	10	0		31
November	300	10	0		30
December	300	10	0		31
TOTAL	3600		0		

Submitted Electronically