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: MCFARLANE-DELONG
Well Number: 9

API No.: 15-019-20564-00-00
Permit No: E17888.4
Reporting Year: 2020
(January 1 to December 31)

SE - NW - SW - NW Sec. 23 Twp. 34 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3505 feet from ☐ N / ☑ S Line of Section
4859 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: 150 psi Injection Zone: PERU
Maximum Authorized Injection Rate: 600 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	930	100	0		31
February	840	100	0		28
March	930	100	0		31
April	900	100	0		30
May	930	100	0		31
June	900	100	0		30
July	930	100	0		31
August	930	100	0		31
September	900	100	0		30
October	930	100	0		31
November	900	100	0		3
December	930	100	0		31
TOTAL	10950		0		

Submitted Electronically