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 # 4175
Name: Dvorachek, Harold A. dba Quest Development Co.
Address 1: PO BOX 413
Address 2:
City: IOLA State: KS Zip: 66749 + 0413
Contact Person: Harold Dvorachek
Phone: (620) 228-3378
Lease Name: LEHMANN
Well Number: 11.5

API No.: 15-031-22814-00-01
Permit No: E31115.2
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SE - NW Sec. 33 Twp. 22 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
3045 feet from ☐ N / ☑ S Line of Section
3704 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 1.06 Additives: HCl
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	332	550			30
February	248	550			28
March	611	550			30
April	608	550			30
May	609	550			31
June	602	550			30
July	562	550			31
August	672	550			31
September	681	550			30
October	227	550			31
November	727	550			30
December	531	550			31
TOTAL	6410		0		

Submitted Electronically