

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: 7117 N CLASSEN BLVD
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73116 + 7110
Contact Person: Catherine Smith
Phone: (405) 840-9876
Lease Name: ADAMS
Well Number: 1-5

API No.: 15-119-20004-00-02
Permit No: D19660.0
Reporting Year: 2025
(January 1 to December 31)
____ - ____ - SW - NE Sec. 5 Twp. 35 S. R. 30 ☐ E ☒ W
(a/a/a/a)
3126 feet from ☐ N / ☒ S Line of Section
1897 feet from ☒ E / ☐ W Line of Section
County: Meade

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: _____ psi Injection Zone: GLORIETTA
Maximum Authorized Injection Rate: _____ 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	<u>0</u>				
	February	<u>0</u>				
	March	<u>0</u>				
	April	<u>0</u>				
	May	<u>0</u>				
	June	<u>0</u>				
	July	<u>0</u>				
	August	<u>0</u>				
	September	<u>0</u>				
	October	<u>0</u>				
	November	<u>0</u>				
	December	<u>0</u>				
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically