

**THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS**

2016-10-03 14:03:13
Kansas Corporation Commission
/s/ Amy L. Green

Before Commissioners: Jay Scott Emler, Chair
 Shari Feist Albrecht
 Pat Apple

In the matter of the failure of Energyquest II,)	Docket No. 16-CONS-4068-CPEN
LLC (“Operator”) to comply with K.A.R. 82-)	
3-400 regarding injection that took place)	CONSERVATION DIVISION
during the 2015 calendar year.)	
_____)	License No. 35216

PRE-FILED TESTIMONY

OF

RENE STUCKY

1 Q. What is your name and business address?
2 A. Rene Stucky, 266 North Main Suite 220, Wichita, Kansas 67202.
3 Q. By whom are you employed and in what capacity?
4 A. I'm employed by the Conservation Division of the Kansas Corporation Commission, as
5 Supervisor of the Underground Injection Control ("UIC") Department and the Production
6 Department.
7 Q. How long have you been employed by the KCC?
8 A. About 11 years. Before becoming Supervisor, I was an Environmental Scientist in the
9 UIC Department, where I reviewed and processed injection applications.
10 Q. Have you previously testified before this Commission?
11 A. Yes.
12 Q. What does your position with the Conservation Division involve?
13 A. I supervise everyone in the Conservation Division's UIC and Production Departments.
14 Q. Are you familiar with this KCC Docket, 16-CONS-4068-CPEN?
15 A. Yes.
16 Q. How are you familiar with this Docket?
17 A. When a member of the UIC Department intends to make a penalty recommendation, I
18 review the recommendation to make sure it is appropriate before it is sent to the Legal
19 Department. So I reviewed the penalty recommendation that Sanita Dean submitted in
20 this matter before the penalty was issued, and I reviewed this matter again in more detail
21 before preparing this testimony.
22 Q. Is the penalty recommendation that you reviewed the same penalty recommendation that
23 is Exhibit A of the Commission's Penalty Order?
24 A. Yes.
25 Q. Did you draw any conclusion from your review?
26 A. Yes. Staff's penalty recommendation was appropriate.
27 Q. Why was the recommendation appropriate?
28 A. Under K.A.R. 82-3-400(a), injection is permitted only after an operator has filed an
29 application for injection authority and the Conservation Division has issued a written
30 permit granting the application. In February 2016, Operator submitted reports for the
31 2015 calendar year for the eight wells subject to the Penalty Order (Exhibit A). Operator

1 stated that the maximum injection pressure it used at each well was 500 pounds per
2 square inch. However, Operator was only permitted to pressurize at between 0 and 400
3 pounds per square inch, varying at each well as described in the penalty recommendation.
4 Given this fact, Operator appears to have violated the terms of its permits in violation of
5 K.A.R. 82-3-400(a).

6 Q. How do you know that Operator was only permitted to inject at the pressure you just
7 described?

8 A. You can look in RBDMS, which is the Commission's electronic well database, because
9 Staff keeps RBDMS updated to reflect the authorized injection pressure and rate for each
10 injection well. You can also review the paper file, which contains the official injection
11 permit documents. I have done both, and it is clear that Operator is only permitted to
12 inject at that pressure.

13 Q. In your opinion, should the Penalty Order in this docket be affirmed?

14 A. Yes. It should either be affirmed in whole, or modified and affirmed.

15 Q. Would you please elaborate?

16 A. Yes. After the Penalty Order was issued in June 2016, Operator filed amended reports for
17 the wells, indicating injection at less than the permitted pressures (Exhibit B). Whether
18 the Commission believes the data in Operator's original reports or Operator's post-
19 penalty amended reports is up to the Commission. If the Commission believes the data in
20 Operator's original reports are true, then violations of K.A.R. 82-3-400(a) occurred, and
21 the Penalty Order should be affirmed in whole.

22 However, under K.A.R. 82-3-409(b), each operator must submit a report to the
23 Conservation Division on a yearly basis, by March 1st of the following year, showing the
24 maximum wellhead pressure and the amount of fluid injected into each well, among other
25 data. If the Commission instead believes the data in Operator's post-penalty amended
26 reports are true, then Operator violated K.A.R. 82-3-409(b) by failing to provide accurate
27 data in its original reports, and the Penalty Order should be modified and affirmed to
28 reflect violations of K.A.R. 82-3-409(b) rather than K.A.R. 82-3-400(a).

29 Q. Does this conclude your testimony as of this date, October 3, 2016?

30 A. Yes.

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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 +
Contact Person: Debra Moore
Phone: (281) 875-6200
Lease Name: ADKINS
Well Number: 1-15

API No.: 15-155-21110-00-00
Permit No: D25550.0
Reporting Year: 2015
(January 1 to December 31)
NW SE SE Sec. 15 Twp. 26 S. R. 9 ☐ E ☒ W
(0.0.0.0)
1291 feet from ☐ N / ☒ S Line of Section
1242 feet from ☒ E / ☐ W Line of Section
County: Reno

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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>3492</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>3156</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>3492</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>3380</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>3492</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>3380</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>3492</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>3492</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>3380</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>3492</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>3380</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>3492</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>41120</u>		<u>0</u>		

Submitted Electronically

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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 +
Contact Person: Debra Moore
Phone: (281) 875-6200
Lease Name: ALLPHIN
Well Number: 4

API No.: 15-065-23016-00-01
Permit No: D30345.0
Reporting Year: 2015
(January 1 to December 31)
SE NW SW Sec. 33 Twp. 9 S. R. 21 ☐ E ☒ W
(10'0"0"0")
1806 feet from ☐ N / ☒ S Line of Section
4349 feet from ☒ E / ☐ W Line of Section
County: Graham

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 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>44555</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>40236</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>44500</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>43118</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>44500</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>43120</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>44500</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>44500</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>43120</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>44500</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>30421</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>29282</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>496352</u>		<u>0</u>		

Submitted Electronically

**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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 + _____
Contact Person: Debra Moore
Phone: (281) 875-6200
Lease Name: BRACK FAMILY FARMS
Well Number: 1-19

API No.: 15-009-25162-00-01
Permit No: D30597.0
Reporting Year: 2015
(January 1 to December 31)
____ - ____ SE ____ NW Sec. 19 Twp. 17 S. R. 13 ☐ E ☒ W
(Q Q Q Q)
3435 feet from ☐ N / ☒ S Line of Section
3026 feet from ☒ E / ☐ W Line of Section
County: Barton

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: 0 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1500 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>2635</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>2380</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>2635</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>2550</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>2635</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>2550</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>2635</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>2635</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>2550</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>2635</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>2550</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>2635</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>31025</u>		<u>0</u>		

Submitted Electronically

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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 + _____
Contact Person: Debra Moore
Phone: (281) 875-6200
Lease Name: CHAPMAN
Well Number: 5

API No.: 15-185-01796-00-01
Permit No: E27862.0
Reporting Year: 2015
(January 1 to December 31)
____ - SE - NE - SE Sec. 32 Twp. 21 S. R. 13 ☐ E ☒ W
(Q/Q/Q/Q)
1677 feet from ☐ N / ☒ S Line of Section
322 feet from ☒ E / ☐ W Line of Section
County: Stafford

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: 300 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 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>18883</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>18397</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>18522</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>18479</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>18999</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>18596</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>17934</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>18791</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>18684</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>18578</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>17509</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>17651</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>221023</u>		<u>0</u>		

Submitted Electronically

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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 + _____
Contact Person: DEBRA MOORE
Phone: (281) 875-6200
Lease Name: DEMEL
Well Number: 2-15

API No.: 15-009-25142-00-01
Permit No.: D30318.0
Reporting Year: 2015
(January 1 to December 31)
____ NE ____ NE ____ NW Sec. 15 Twp. 17 S. R. 13 ☐ E ☒ W
(000000) 4633 feet from ☐ N / ☒ S Line of Section
3189 feet from ☒ E / ☐ W Line of Section
County: Barton

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2000 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>5800</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>5800</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>5800</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>5800</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>5800</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>5800</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>5800</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>5800</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>5800</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>5800</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>5800</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>5800</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>69600</u>		<u>0</u>		

Submitted Electronically

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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 +
Contact Person: Debra Moore
Phone: (281) 875-6200
Lease Name: H W VINE
Well Number: 2

API No.: 15-051-19136-00-02
Permit No: D11763.0
Reporting Year: 2015
(January 1 to December 31)
 - - W2 - SW Sec. 14 Twp. 11 S. R. 19 ☐ E ☒ W
(N-A-S-A)
1296 feet from ☐ N / ☒ S Line of Section
5148 feet from ☒ E / ☐ W Line of Section
County: Ellis

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: 400 psi Injection Zone: GRANIT WASH
Maximum Authorized Injection Rate: 8000 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>73900</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>66750</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>73900</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>71520</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>73900</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>71520</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>73900</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>73900</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>71520</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>73900</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>54835</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>47625</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>827170</u>		<u>0</u>		

Submitted Electronically



KANSAS CORPORATION COMMISSION 1292136
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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 +
Contact Person: Debra Moore
Phone: (281) 875-6200
Lease Name: HULLMAN TRUST
Well Number: 2

API No.: 15-185-23401-00-01
Permit No: D30004.0
Reporting Year: 2015
(January 1 to December 31)
SW NE NW Sec. 36 Twp. 21 S. R. 12 ☐ E ☒ W
(0.0000) 4452 feet from ☐ N / ☒ S Line of Section
3865 feet from ☒ E / ☐ W Line of Section
County: Stafford

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2000 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>10650</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>9604</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>10650</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>10290</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>10650</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>10290</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>10650</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>10650</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>10290</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>10650</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>10276</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>10653</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>125303</u>		<u>0</u>		

Submitted Electronically

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 # 35216
Name: Energyquest II, LLC
Address 1: 4526 RESEARCH FOREST DR>
Address 2: SUITE 200
City: THE WOODLANDS State: TX Zip: 77381 + _____
Contact Person: Debra Moore
Phone: (281) 875-6200
Lease Name: NUNEMAKER B
Well Number: 1

API No.: 15-155-21153-00-00
Permit No: D26193.0
Reporting Year: 2015
(January 1 to December 31)
____ NW - NW - SE Sec. 10 Twp. 26 S. R. 9 ☐ E ☒ W
(Q-Q-Q-Q) 1996 feet from ☐ N / ☒ S Line of Section
2088 feet from ☒ E / ☐ W Line of Section
County: Reno

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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>15655</u>	<u>500</u>	<u>0</u>		<u>31</u>
	February	<u>14140</u>	<u>500</u>	<u>0</u>		<u>28</u>
	March	<u>15655</u>	<u>500</u>	<u>0</u>		<u>31</u>
	April	<u>15150</u>	<u>500</u>	<u>0</u>		<u>30</u>
	May	<u>15655</u>	<u>500</u>	<u>0</u>		<u>31</u>
	June	<u>15150</u>	<u>500</u>	<u>0</u>		<u>30</u>
	July	<u>15655</u>	<u>500</u>	<u>0</u>		<u>31</u>
	August	<u>15655</u>	<u>500</u>	<u>0</u>		<u>31</u>
	September	<u>15150</u>	<u>500</u>	<u>0</u>		<u>30</u>
	October	<u>15655</u>	<u>500</u>	<u>0</u>		<u>31</u>
	November	<u>15150</u>	<u>500</u>	<u>0</u>		<u>30</u>
	December	<u>15655</u>	<u>500</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>184325</u>		<u>0</u>		

Submitted Electronically

**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 # 35216

Name: Energyquest II, LLC

Address 1: 4526 RESEARCH FOREST DR>

Address 2: SUITE 200

City: THE WOODLANDS State: TX Zip: 77381 + _____

Contact Person: Debra Moore

Phone: (281) 875-6200

Lease Name: ADKINS

Well Number: 1-15

API No.: 15-155-21110-00-00

Permit No.: D25550.0

Reporting Year: 2015
(January 1 to December 31)

____ NW ____ SE ____ SE Sec. 15 Twp. 26 S. R. 9 ☐ E ☒ W
(a/a/a/a)

1291 feet from ☐ N / ☒ S Line of Section

1242 feet from ☒ E / ☐ W Line of Section

County: Reno

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: 0 psi Injection Zone: ARBUCKLE

Maximum Authorized Injection Rate: 5000 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>3492</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>3156</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>3492</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>3380</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>3492</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>3380</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>3492</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>3492</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>3380</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>3492</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>3380</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>3492</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>41120</u>		<u>0</u>		

**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 # 35216

Name: Energyquest II, LLC

Address 1: 4526 RESEARCH FOREST DR>

Address 2: SUITE 200

City: THE WOODLANDS State: TX Zip: 77381 + _____

Contact Person: Debra Moore

Phone: (281) 875-6200

Lease Name: ALLPHIN

Well Number: 4

API No.: 15-065-23016-00-01

Permit No.: D30345.0

Reporting Year: 2015
(January 1 to December 31)

_____ SE _____ NW _____ SW Sec. 33 Twp. 9 S. R. 21 ☐ E ☒ W
(a/a/a/a)

1806 feet from ☐ N / ☒ S Line of Section

4349 feet from ☒ E / ☐ W Line of Section

County: Graham

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: 0 psi Injection Zone: Arbuckle

Maximum Authorized Injection Rate: 3000 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>44555</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>40236</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>44500</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>43118</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>44500</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>43120</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>44500</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>44500</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>43120</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>44500</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>30421</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>29282</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>496352</u>		<u>0</u>		

**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 # 35216
 Name: Energyquest II, LLC
 Address 1: 4526 RESEARCH FOREST DR>
 Address 2: SUITE 200
 City: THE WOODLANDS State: TX Zip: 77381 + _____
 Contact Person: Debra Moore
 Phone: (281) 875-6200
 Lease Name: BRACK FAMILY FARMS
 Well Number: 1-19

API No.: 15-009-25162-00-01
 Permit No: D30597.0
 Reporting Year: 2015
 (January 1 to December 31)
 _____ - _____ - SE - NW Sec. 19 Twp. 17 S. R. 13 ☐ E ☒ W
 (a/a/a/a) 3435 feet from ☐ N / ☒ S Line of Section
3026 feet from ☒ E / ☐ W Line of Section
 County: Barton

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: 0 psi Injection Zone: LANSING
 Maximum Authorized Injection Rate: 1500 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>2635</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>2380</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>2635</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>2550</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>2635</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>2550</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>2635</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>2635</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>2550</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>2635</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>2550</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>2635</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>31025</u>		<u>0</u>		

**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 # 35216
 Name: Energyquest II, LLC
 Address 1: 4526 RESEARCH FOREST DR>
 Address 2: SUITE 200
 City: THE WOODLANDS State: TX Zip: 77381 + _____
 Contact Person: Debra Moore
 Phone: (281) 875-6200
 Lease Name: CHAPMAN
 Well Number: 5

API No.: 15-185-01796-00-01
 Permit No.: E27862.0
 Reporting Year: 2015
 (January 1 to December 31)
 _____ SE _____ NE _____ SE Sec. 32 Twp. 21 S. R. 13 ☐ E ☒ W
 (a/a/a/a) 1677 feet from ☐ N / ☒ S Line of Section
322 feet from ☒ E / ☐ W Line of Section
 County: Stafford

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: 300 psi Injection Zone: Arbuckle
 Maximum Authorized Injection Rate: 3000 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>18883</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>18397</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>18522</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>18479</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>18999</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>18596</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>17934</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>18791</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>18684</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>18578</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>17509</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>17651</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>221023</u>		<u>0</u>		

**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 # 35216
 Name: Energyquest II, LLC
 Address 1: 4526 RESEARCH FOREST DR>
 Address 2: SUITE 200
 City: THE WOODLANDS State: TX Zip: 77381 + _____
 Contact Person: DEBRA MOORE
 Phone: (281) 875-6200
 Lease Name: DEMEL
 Well Number: 2-15

API No.: 15-009-25142-00-01
 Permit No.: D30318.0
 Reporting Year: 2015
 (January 1 to December 31)
 _____ NE _____ NE _____ NW Sec. 15 Twp. 17 S. R. 13 ☐ E ☒ W
 (a/a/a/a) 4633 feet from ☐ N / ☒ S Line of Section
3189 feet from ☒ E / ☐ W Line of Section
 County: Barton

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: 0 psi Injection Zone: Arbuckle
 Maximum Authorized Injection Rate: 2000 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>5800</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>5800</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>5800</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>5800</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>5800</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>5800</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>5800</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>5800</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>5800</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>5800</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>5800</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>5800</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>69600</u>		<u>0</u>		

**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 # 35216
 Name: Energyquest II, LLC
 Address 1: 4526 RESEARCH FOREST DR>
 Address 2: SUITE 200
 City: THE WOODLANDS State: TX Zip: 77381 + _____
 Contact Person: Debra Moore
 Phone: (281) 875-6200
 Lease Name: H W VINE
 Well Number: 2

API No.: 15-051-19136-00-02
 Permit No.: D11763.0
 Reporting Year: 2015
 (January 1 to December 31)
 _____ - _____ - W2 - SW Sec. 14 Twp. 11 S. R. 19 ☐ E ☒ W
 (a/a/a/a) 1296 feet from ☐ N / ☒ S Line of Section
5148 feet from ☒ E / ☐ W Line of Section
 County: Ellis

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: 400 psi Injection Zone: GRANIT WASH
 Maximum Authorized Injection Rate: 8000 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>73900</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>66750</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>73900</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>71520</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>73900</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>71520</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>73900</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>73900</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>71520</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>73900</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>54835</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>47625</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>827170</u>		<u>0</u>		

**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 # 35216
 Name: Energyquest II, LLC
 Address 1: 4526 RESEARCH FOREST DR>
 Address 2: SUITE 200
 City: THE WOODLANDS State: TX Zip: 77381 + _____
 Contact Person: Debra Moore
 Phone: (281) 875-6200
 Lease Name: HULLMAN TRUST
 Well Number: 2

API No.: 15-185-23401-00-01
 Permit No: D30004.0
 Reporting Year: 2015
 (January 1 to December 31)
 _____ SW _____ NE _____ NW Sec. 36 Twp. 21 S. R. 12 ☐ E ☒ W
 (a/a/a/a) 4452 feet from ☐ N / ☒ S Line of Section
3865 feet from ☒ E / ☐ W Line of Section
 County: Stafford

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: 0 psi Injection Zone: Arbuckle
 Maximum Authorized Injection Rate: 2000 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>10650</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>9604</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>10650</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>10290</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>10650</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>10290</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>10650</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>10650</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>10290</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>10650</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>10276</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>10653</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>125303</u>		<u>0</u>		

**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 # 35216

Name: Energyquest II, LLC

Address 1: 4526 RESEARCH FOREST DR>

Address 2: SUITE 200

City: THE WOODLANDS State: TX Zip: 77381 + _____

Contact Person: Debra Moore

Phone: (281) 875-6200

Lease Name: NUNEMAKER B

Well Number: 1

API No.: 15-155-21153-00-00

Permit No: D26193.0

Reporting Year: 2015
(January 1 to December 31)

____ NW ____ NW ____ SE Sec. 10 Twp. 26 S. R. 9 ☐ E ☒ W
(a/a/a/a)

1996 feet from ☐ N / ☒ S Line of Section

2088 feet from ☒ E / ☐ W Line of Section

County: Reno

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: 0 psi Injection Zone: ARBUCKLE

Maximum Authorized Injection Rate: 5000 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>15655</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>14140</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>15655</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>15150</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>15655</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>15150</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>15655</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August	<u>15655</u>	<u>0</u>	<u>0</u>		<u>31</u>
	September	<u>15150</u>	<u>0</u>	<u>0</u>		<u>30</u>
	October	<u>15655</u>	<u>0</u>	<u>0</u>		<u>31</u>
	November	<u>15150</u>	<u>0</u>	<u>0</u>		<u>30</u>
	December	<u>15655</u>	<u>0</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>184325</u>		<u>0</u>		

**THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS**

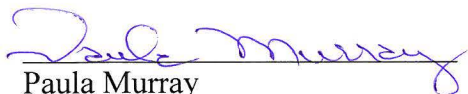
Before Commissioners: Jay Scott Emler, Chair
 Shari Feist Albrecht
 Pat Apple

In the matter of the failure of Energyquest) Docket No. 16-CONS-4068-CPEN
II, LLC ("Operator") to comply with K.A.R.)
82-3-400 regarding injection that took place) CONSERVATION DIVISION
during the 2015 calendar year.)
_____) License No. 35216

CERTIFICATE OF SERVICE

I, Paula Murray, certify that on October 3, 2016, I did cause a true and correct copy of the Pre-Filed Testimony of Rene Stucky to be served by United States mail, first class, postage prepaid to the following:

David E. Bengtson
Stinson Leonard Street LLP
1625 N. Waterfront Parkway, Suite 300
Wichita, Kansas 67206
Attorney for Energyquest II, LLC



Paula Murray
Legal Assistant
Kansas Corporation Commission