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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 # 33660
Name: Toil Inc.
Address 1: PO BOX 382
Address 2:
City: NEODESHA State: KS Zip: 66757 + __ __ __ __
Contact Person: Pam Schultz
Phone: (310) 600-4810
Lease Name: MOORE
Well Number: I-24

API No.: 15-205-24889-00-01
Permit No: E26391.9
Reporting Year: 2016
(January 1 to December 31)

SE - NE - SW - SE Sec. 30 Twp. 30 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
695 feet from ☐ N / ☑ S Line of Section
1385 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 600 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 13 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	927	486	0		31
February	787	482	0		29
March	896	492	0		31
April	898	499	0		30
May	870	484	0		31
June	868	490	0		30
July	924	487	0		31
August	874	500	0		31
September	868	486	0		30
October	923	489	0		31
November	842	487	0		30
December	896	497	0		31
TOTAL	10573		0		

Submitted Electronically