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 # 6142
Name: Town Oil Company Inc.
Address 1: 16205 W 287TH ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 8482
Contact Person: Lesli Baker
Phone: (913) 294-2125
Lease Name: SAVAGE
Well Number: 6W

API No.: 15-059-26690-00-00
Permit No: E32022.5
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - NW Sec. 5 Twp. 18 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3682 feet from ☐ N / ☑ S Line of Section
5317 feet from ☑ E / ☐ W Line of Section
County: Franklin

I. Injection Fluid:

Type *(Pick one)*: ☑ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 400 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 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	806	400	0		31
February	728	400	0		28
March	806	400	0		31
April	780	400	0		30
May	806	400	0		31
June	780	400	0		30
July	806	400	0		31
August	806	400	0		31
September	780	400	0		30
October	806	400	0		31
November	780	400	0		30
December	806	400	0		31
TOTAL	9490		0		

Submitted Electronically