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: Tab Schweitzer
Phone: (310) 600-4810
Lease Name: LUTHER WILLIS
Well Number: 7

API No.: 15-205-23324-00-01
Permit No: E26391.11
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - NE Sec. 30 Twp. 30 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
3539 feet from ☐ N / ☑ S Line of Section
1219 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: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	923	498	0		31
February	780	502	0		28
March	863	488	0		31
April	874	497	0		30
May	899	499	0		31
June	869	488	0		30
July	890	487	0		31
August	889	490	0		31
September	859	501	0		30
October	925	488	0		31
November	837	499	0		30
December	894	493	0		31
TOTAL	10502		0		

Submitted Electronically