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: GUILFOYLE
Well Number: L-6

API No.: 15-003-01157-00-00
Permit No: E05905.5
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - SE Sec. 2 Twp. 20 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
406 feet from ☐ N / ☑ S Line of Section
2701 feet from ☑ E / ☐ W Line of Section
County: Anderson

I. Injection Fluid:

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

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	636	550	0	0	20
May	1178	550	0	0	31
June	1136	550	0	0	30
July	1199	550	0	0	31
August	1226	550	0	0	31
September	1138	550	0	0	30
October	1194	550	0	0	31
November	1164	550	0	0	30
December	1239	550	0	0	31
TOTAL	10110		0		

Submitted Electronically