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 + 0382
Contact Person: Pam Graves
Phone: (310) 600-4810
Lease Name: MOORE
Well Number: I-23

API No.: 15-205-24888-00-01
Permit No: E26391.8
Reporting Year: 2019
(January 1 to December 31)

SE - NW - SE - ____ Sec. 30 Twp. 30 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1329 feet from ☐ N / ☑ S Line of Section
1341 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	920	480	0	0	31
February	782	488	0	0	28
March	892	499	0	0	31
April	890	487	0	0	30
May	866	481	0	0	31
June	865	481	0	0	30
July	922	485	0	0	31
August	866	499	0	0	31
September	863	488	0	0	30
October	920	497	0	0	31
November	838	484	0	0	30
December	893	498	0	0	31
TOTAL	10517		0		

Submitted Electronically