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: 5W

API No.: 15-059-26689-00-00
Permit No: E32022.4
Reporting Year: 2020
(January 1 to December 31)

NW - SW - NW - ____ Sec. 5 Twp. 18 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3352 feet from ☐ N / ☑ S Line of Section
5287 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: N/A mg/l Specific Gravity: N/A Additives: N/A
(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	660	300	0	0	31
February	540	300	0	0	29
March	690	300	0	0	31
April	705	300	0	0	30
May	600	300	0	0	31
June	600	300	0	0	30
July	715	300	0	0	31
August	700	300	0	0	31
September	620	300	0	0	30
October	700	300	0	0	31
November	615	300	0	0	30
December	600	300	0	0	31
TOTAL	7745		0		

Submitted Electronically