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: Tab Schweitzer
Phone: (310) 600-4810
Lease Name: MOORE
Well Number: I-23

API No.: 15-205-24888-00-01
Permit No: E26391.8
Reporting Year: 2020
(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	922	483			31
February	784	489			29
March	894	502			31
April	892	488			30
May	868	484			31
June	867	482			30
July	924	488			31
August	868	500			31
September	865	491			30
October	922	498			31
November	840	487			30
December	895	499			31
TOTAL	10541		0		

Submitted Electronically