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: Toil Inc.
Phone: ( 310 ) 600-4810
Lease Name: MCKEE (WILLIS)
Well Number: 11 INP

API No.: 15-205-21832-00-01
Permit No: E26391.3
Reporting Year: 2021
*(January 1 to December 31)*

____ - NE - NE - NW Sec. 32 Twp. 30 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
5258 feet from ☐ N / ☑ S Line of Section
2989 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 | 894 | 72 | | | 31 |
| February | 836 | 497 | | | 28 |
| March | 861 | 496 | | | 31 |
| April | 899 | 485 | | | 30 |
| May | 888 | 498 | | | 31 |
| June | 835 | 503 | | | 30 |
| July | 925 | 498 | | | 31 |
| August | 894 | 502 | | | 31 |
| September | 914 | 498 | | | 30 |
| October | 869 | 496 | | | 31 |
| November | 867 | 501 | | | 30 |
| December | 873 | 488 | | | 31 |
| ***TOTAL*** | 10555 | | 0 | | |

Submitted Electronically