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: 15958 W 343RD ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 6251
Contact Person: Lesli Baker
Phone: ( 913 ) 294-2125
Lease Name: BRESHEARS
Well Number: I-2

API No.: 15-103-21460-00-00
Permit No: E32562.2
Reporting Year: 2023
*(January 1 to December 31)*

____ - SW - NE - SE Sec. 16 Twp. 12 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
1906 feet from ☐ N / ☑ S Line of Section
756 feet from ☑ E / ☐ W Line of Section
County: Leavenworth

**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: 600 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 | 930 | 450 | 0 | 0 | 31 |
| February | 784 | 500 | 0 | 0 | 28 |
| March | 930 | 450 | 0 | 0 | 31 |
| April | 840 | 450 | 0 | 0 | 30 |
| May | 930 | 450 | 0 | 0 | 31 |
| June | 840 | 450 | 0 | 0 | 30 |
| July | 930 | 450 | 0 | 0 | 31 |
| August | 930 | 450 | 0 | 0 | 31 |
| September | 630 | 500 | 0 | 0 | 30 |
| October | 930 | 450 | 0 | 0 | 31 |
| November | 630 | 500 | 0 | 0 | 30 |
| December | 930 | 450 | 0 | 0 | 31 |
| ***TOTAL*** | 10234 | | 0 | | |

Submitted Electronically