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: LUTHER WILLIS
Well Number: 7

API No.: 15-205-23324-00-01
Permit No: E26391.11
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SE - NE Sec. 30 Twp. 30 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
3541 feet from ☐ N / ☑ S Line of Section
1220 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	928	493			31
February	779	501			28
March	868	494			31
April	873	496			30
May	904	505			31
June	868	487			30
July	895	493			31
August	888	489			31
September	864	507			30
October	924	487			31
November	842	505			30
December	893	492			31
TOTAL	10526		0		

Submitted Electronically