1279412

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 # 9408
Name: Trans Pacific Oil Corporation
Address 1: 100 S MAIN STE 200
Address 2:
City: WICHITA State: KS Zip: 67202 + 3735
Contact Person: Glenna Lowe
Phone: (316) 262-3596
Lease Name: WILKISON
Well Number: 1-17 SWD

API No.: 15-147-20617-00-00
Permit No: D30180.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NW - NW Sec. 17 Twp. 5 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
2073 feet from ☐ N / ☑ S Line of Section
2322 feet from ☑ E / ☐ W Line of Section
County: Phillips

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: 500 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 30000 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	149606	0	0		31
February	135128	0	0		28
March	149606	0	0		31
April	144780	0	0		30
May	149606	0	0		31
June	144780	0	0		30
July	149606	0	0		31
August	149606	0	0		31
September	144780	0	0		30
October	149606	0	0		31
November	144780	0	0		30
December	149606	0	0		31
TOTAL	1761490		0		

Submitted Electronically