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: BORELL B-2
Well Number: 8

API No.: 15-053-20122-00-01
Permit No: E18315.7
Reporting Year: 2017
*(January 1 to December 31)*

____ - SW - SW - SW Sec. 20 Twp. 14 S. R. 10 ☐ E ☑ W
*(Q/Q/Q/Q)*
615 feet from ☐ N / ☑ S Line of Section
4963 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

**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: 1250 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 750 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 | 1359 | 450 | 0 | | 31 |
| February | 1402 | 450 | 0 | | 28 |
| March | 841 | 450 | 0 | | 31 |
| April | 525 | 450 | 0 | | 30 |
| May | 288 | 450 | 0 | | 31 |
| June | 302 | 450 | 0 | | 30 |
| July | 821 | 450 | 0 | | 31 |
| August | 1707 | 450 | 0 | | 31 |
| September | 1609 | 450 | 0 | | 30 |
| October | 3025 | 450 | 0 | | 31 |
| November | 3727 | 450 | 0 | | 30 |
| December | 2461 | 450 | 0 | | 31 |
| ***TOTAL*** | 18067 | | 0 | | |

Submitted Electronically