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: VOPAT D
Well Number: 2

API No.: 15-053-20138-00-01
Permit No: E16265.2
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NE Sec. 21 Twp. 14 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
990 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: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	0		0		
April	0		0		
May	714	50	0		31
June	13	50	0		30
July	245	50	0		31
August	23	50	0		31
September	0		0		
October	281	50	0		31
November	0		0		
December	0		0		
TOTAL	1276		0		

Submitted Electronically