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: ANDRESON E
Well Number: 1

API No.: 15-163-19415-00-01
Permit No: E14067.2
Reporting Year: 2018
(January 1 to December 31)

____ - E2 - NE - SW Sec. 31 Twp. 10 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
2028 feet from ☐ N / ☑ S Line of Section
3034 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 750 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 600 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	7840	50	0		31
February	6525	50	0		28
March	9987	50	0		31
April	9225	50	0		30
May	2120	50	0		31
June	9120	50	0		30
July	10025	50	0		31
August	8910	50	0		31
September	8820	50	0		30
October	8270	50	0		31
November	8060	50	0		30
December	7525	50	0		31
TOTAL	96427		0		

Submitted Electronically