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: DAVIS "C"
Well Number: 4-27

API No.: 15-063-21726-00-00
Permit No: E30320.1
Reporting Year: 2018
*(January 1 to December 31)*

____ - SE - SE - SE Sec. 27 Twp. 15 S. R. 28 ☐ E ☑ W
*(Q/Q/Q/Q)*
311 feet from ☐ N / ☑ S Line of Section
444 feet from ☑ E / ☐ W Line of Section
County: Gove

**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: 500 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 | 3373 | 0 | 0 | | 31 |
| February | 3233 | 0 | 0 | | 28 |
| March | 3796 | 0 | 0 | | 31 |
| April | 3277 | 0 | 0 | | 30 |
| May | 3379 | 0 | 0 | | 31 |
| June | 1599 | 0 | 0 | | 30 |
| July | 1534 | 0 | 0 | | 31 |
| August | 7431 | 0 | 0 | | 31 |
| September | 2922 | 0 | 0 | | 30 |
| October | 9645 | 0 | 0 | | 31 |
| November | 3706 | 0 | 0 | | 30 |
| December | 2817 | 0 | 0 | | 31 |
| ***TOTAL*** | 46712 | | 0 | | |

Submitted Electronically