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: SIPES
Well Number: 1

API No.: 15-185-20303-00-01
Permit No: D27110.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NE - SW Sec. 22 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2343 feet from ☐ N / ☑ S Line of Section
2942 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	20057	0	0		31
February	20057	0	0		28
March	20057	0	0		31
April	20057	0	0		30
May	20057	0	0		31
June	20057	0	0		30
July	20057	0	0		31
August	20057	0	0		31
September	20057	0	0		30
October	4650	0	0		31
November	4650	0	0		30
December	4650	0	0		31
TOTAL	194463		0		

Submitted Electronically