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 ST STE 200
Address 2:
City: WICHITA State: KS Zip: 67202 + 3735
Contact Person: Glenna Lowe
Phone: (316) 262-3596
Lease Name: BAKER A
Well Number: 5

API No.: 15-053-20304-00-01
Permit No: E16708.2
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SW - SE Sec. 16 Twp. 14 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
374 feet from ☐ N / ☑ S Line of Section
1763 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: 1400 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 2000 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	633				31
February	0				0
March	898				31
April	1426				30
May	0				0
June	1057				30
July	782				31
August	631				31
September	831				30
October	796				31
November	721				30
December	853				31
TOTAL	8628		0		

Submitted Electronically