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: DAVISON
Well Number: 1-16

API No.: 15-135-24729-00-00
Permit No: D30107.0
Reporting Year: 2019
(January 1 to December 31)

____ - W2 - SW - SE Sec. 16 Twp. 19 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
707 feet from ☐ N / ☑ S Line of Section
2279 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 5000 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	11211				31
February	10108				28
March	11191				31
April	10830				30
May	10108				31
June	10830				30
July	11191				31
August	11191				31
September	10830				30
October	11191				31
November	10830				30
December	11191				31
TOTAL	130702		0		

Submitted Electronically