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: MCNICKLE
Well Number: 1

API No.: 15-185-19063-00-01
Permit No: D19953.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - SW Sec. 20 Twp. 22 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
311 feet from ☐ N / ☑ S Line of Section
4922 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: 1200 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	9672				31
February	8736				28
March	9672				31
April	9360				30
May	8736				31
June	9360				30
July	9672				31
August	9672				31
September	9360				30
October	9672				31
November	9360				30
December	9672				31
TOTAL	112944		0		

Submitted Electronically