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: G.Lowe
Phone: ( 316 ) 262-3596
Lease Name: SEBESTA
Well Number: 6

API No.: 15-167-20368-00-01
Permit No: E15539.2
Reporting Year: 2019
*(January 1 to December 31)*

____ - W2 - E2 - SW Sec. 24 Twp. 14 S. R. 11 ☐ E ☑ W
*(Q/Q/Q/Q)*
1298 feet from ☐ N / ☑ S Line of Section
3800 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 2000 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1000 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 | 8039 | | | | 31 |
| February | 7035 | | | | 28 |
| March | 14263 | | | | 31 |
| April | 7959 | | | | 30 |
| May | 7093 | | | | 31 |
| June | 6464 | | | | 30 |
| July | 7005 | | | | 31 |
| August | 6724 | | | | 31 |
| September | 7090 | | | | 30 |
| October | 5660 | | | | 31 |
| November | 4906 | | | | 30 |
| December | 4929 | | | | 31 |
| ***TOTAL*** | 87167 | | 0 | | |

Submitted Electronically