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: Lisa Thimmesch
Phone: (316) 262-3596
Lease Name: ALBERS
Well Number: 2

API No.: 15-195-22621-00-00
Permit No: D30584.0
Reporting Year: 2021
(January 1 to December 31)

NE - NW - SW - NW Sec. 23 Twp. 15 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
3940 feet from ☐ N / ☑ S Line of Section
4680 feet from ☑ E / ☐ W Line of Section
County: Trego

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	0				
February	0				
March	0				
April	0				
May	500				31
June	12000				30
July	12000				31
August	12000				31
September	12000				30
October	12000				31
November	11000				30
December	11000				31
TOTAL	82500		0		

Submitted Electronically