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: Lance Fellhoelter
Phone: ( 316 ) 262-3596
Lease Name: CROWELL
Well Number: 1-W

API No.: 15-135-00362-00-01
Permit No: D10690.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - NW - NW - NW Sec. 34 Twp. 18 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
5193 feet from ☐ N / ☑ S Line of Section
5184 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: 100 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 | 1200 | 0 | 0 | 0 | 31 |
| February | 1200 | 0 | 0 | 0 | 28 |
| March | 1200 | 0 | 0 | 0 | 31 |
| April | 1200 | 0 | 0 | 0 | 30 |
| May | 1200 | 0 | 0 | 0 | 31 |
| June | 1200 | 0 | 0 | 0 | 30 |
| July | 1200 | 0 | 0 | 0 | 31 |
| August | 1200 | 0 | 0 | 0 | 31 |
| September | 1200 | 0 | 0 | 0 | 30 |
| October | 1200 | 0 | 0 | 0 | 31 |
| November | 1200 | 0 | 0 | 0 | 30 |
| December | 1200 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 14400 | | 0 | | |

Submitted Electronically