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: CHESNEY B
Well Number: 6

API No.: 15-051-22646-00-01
Permit No: E31634.1
Reporting Year: 2023
*(January 1 to December 31)*

S2 - NW - NW - NW Sec. 8 Twp. 11 S. R. 16 ☐ E ☑ W
*(Q/Q/Q/Q)*
4753 feet from ☐ N / ☑ S Line of Section
4951 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: 300 psi Injection Zone: Arbuckle
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 | 120 | 0 | 0 | 0 | 31 |
| February | 1642 | 0 | 0 | 0 | 28 |
| March | 4194 | 0 | 0 | 0 | 31 |
| April | 8447 | 0 | 0 | 0 | 30 |
| May | 9120 | 0 | 0 | 0 | 31 |
| June | 6693 | 0 | 0 | 0 | 30 |
| July | 4621 | 0 | 0 | 0 | 31 |
| August | 4128 | 0 | 0 | 0 | 31 |
| September | 3950 | 0 | 0 | 0 | 30 |
| October | 3297 | 0 | 0 | 0 | 31 |
| November | 3697 | 0 | 0 | 0 | 30 |
| December | 4324 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 54233 | | 0 | | |

Submitted Electronically