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: Monte Boydston
Phone: (316) 262-3596
Lease Name: VOPAT D
Well Number: 10

API No.: 15-053-20197-00-01
Permit No: E16265.4
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SE - NE Sec. 21 Twp. 14 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2822 feet from ☐ N / ☑ S Line of Section
407 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 1000 psi Injection Zone: LKC
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	9200	0	0	0	31
February	9200	0	0	0	28
March	9200	0	0	0	31
April	9200	0	0	0	30
May	9200	0	0	0	31
June	9200	0	0	0	30
July	9200	0	0	0	31
August	9200	0	0	0	31
September	9200	0	0	0	30
October	9200	0	0	0	31
November	9200	0	0	0	30
December	9200	0	0	0	31
TOTAL	110400		0		

Submitted Electronically