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: CROWELL
Well Number: 1-W

API No.: 15-135-00362-00-01
Permit No: D10690.0
Reporting Year: 2024
(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