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: Melissa Kruse
Phone: ( 316 ) 262-3596
Lease Name: LANG SWD, HOWARD
Well Number: 1

API No.: 15-063-21489-00-01
Permit No: E28108.1
Reporting Year: 2025
*(January 1 to December 31)*

____ - SE - SW - SW Sec. 25 Twp. 15 S. R. 28 ☐ E ☑ W
*(Q/Q/Q/Q)*
388 feet from ☐ N / ☑ S Line of Section
4389 feet from ☑ E / ☐ W Line of Section
County: Gove

**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: 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 | 1285 | 0 | 0 | 0 | 31 |
| February | 1285 | 0 | 0 | 0 | 28 |
| March | 1285 | 0 | 0 | 0 | 31 |
| April | 1285 | 0 | 0 | 0 | 30 |
| May | 1285 | 0 | 0 | 0 | 31 |
| June | 1285 | 0 | 0 | 0 | 30 |
| July | 1285 | 0 | 0 | 0 | 31 |
| August | 1285 | 0 | 0 | 0 | 31 |
| September | 1285 | 0 | 0 | 0 | 30 |
| October | 1285 | 0 | 0 | 0 | 31 |
| November | 1285 | 0 | 0 | 0 | 30 |
| December | 1285 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 15420 | | 0 | | |

Submitted Electronically