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 # 3833
Name: Peak Operating LLC
Address 1: 4625 N. SPYGLASS ST.
Address 2:
City: WICHITA State: KS Zip: 67226 + __ __ __ __
Contact Person: Grant Shaida
Phone: (316) 304-3444
Lease Name: BARRETT B
Well Number: 1

API No.: 15-145-20720-00-01
Permit No: D21427.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - SW Sec. 1 Twp. 21 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
1657 feet from ☐ N / ☑ S Line of Section
4951 feet from ☑ E / ☐ W Line of Section
County: Pawnee

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2500 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	5178	0	0		30
February	4907	0	0		28
March	5882	0	0		31
April	4581	0	0		30
May	4678	0	0		31
June	4220	0	0		30
July	4436	0	0		31
August	4250	0	0		31
September	3893	0	0		30
October	3503	0	0		30
November	3546	0	0		29
December	4241	0	0		28
TOTAL	53315		0		

Submitted Electronically