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: LULU BROWN
Well Number: 5

API No.: 15-173-03383-00-00
Permit No: D02519.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NE - NW Sec. 30 Twp. 26 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
4995 feet from ☐ N / ☑ S Line of Section
894 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: Mississippi
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	4804	0	0		31
February	4725	0	0		28
March	4961	0	0		31
April	3859	0	0		23
May	7521	0	0		31
June	6694	0	0		30
July	6812	0	0		31
August	7206	0	0		31
September	6221	0	0		30
October	6458	0	0		31
November	7403	0	0		30
December	5709	0	0		24
TOTAL	72373		0		

Submitted Electronically