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 + 3375
Contact Person: Grant Shaida
Phone: (316) 304-3444
Lease Name: NOLAN
Well Number: 4

API No.: 15-173-03235-00-01
Permit No: E26571.1
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - SW Sec. 21 Twp. 28 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
4205 feet from ☐ N / ☑ S Line of Section
4996 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: 775 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	22285	400	0	0	31
February	19834	400	0	0	28
March	20120	400	0	0	29
April	21457	400	0	0	30
May	21967	400	0	0	31
June	21553	400	0	0	30
July	21616	400	0	0	31
August	16777	400	0	0	31
September	21393	400	0	0	30
October	21839	400	0	0	31
November	22030	400	0	0	30
December	18847	400	0	0	28
TOTAL	249718		0		

Submitted Electronically