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 # 32776
Name: Peak Energy, LLC
Address 1: 2649 CR 2300
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7185
Contact Person: Randy Borum
Phone: (620) 515-0692
Lease Name: KLINK
Well Number: 2

API No.: 15-035-30296-00-01
Permit No: E23875.1
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - NE Sec. 5 Twp. 35 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
3930 feet from ☐ N / ☑ S Line of Section
2403 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 200 psi Injection Zone: MISSISSIPPIAN
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	0				
February	0				
March	0				
April	0				
May	0				
June	3000	80			25
July	3600	120			30
August	3720	120			31
September	0				
October	0				
November	0				
December	0				
TOTAL	10320		0		

Submitted Electronically