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: 2022
*(January 1 to December 31)*

____ - SW - NW - NW 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 | 15599 | 550 | 0 | 0 | 31 |
| February | 13785 | 550 | 0 | 0 | 28 |
| March | 13976 | 550 | 0 | 0 | 31 |
| April | 11524 | 550 | 0 | 0 | 26 |
| May | 15345 | 550 | 0 | 0 | 31 |
| June | 12320 | 550 | 0 | 0 | 23 |
| July | 7386 | 550 | 0 | 0 | 18 |
| August | 13053 | 550 | 0 | 0 | 30 |
| September | 13307 | 550 | 0 | 0 | 29 |
| October | 12989 | 550 | 0 | 0 | 31 |
| November | 14199 | 550 | 0 | 0 | 30 |
| December | 14262 | 550 | 0 | 0 | 31 |
| ***TOTAL*** | 157745 | | 0 | | |

Submitted Electronically