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: HICKLE
Well Number: 3

API No.: 15-009-22231-00-01
Permit No: D21126.0
Reporting Year: 2024
(January 1 to December 31)

SE - SE - NW - NE Sec. 14 Twp. 18 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
3983 feet from ☐ N / ☑ S Line of Section
1398 feet from ☑ E / ☐ W Line of Section
County: Barton

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	5805	0	0	0	31
February	5511	0	0	0	29
March	5823	0	0	0	31
April	5823	0	0	0	29
May	5621	0	0	0	31
June	5805	0	0	0	30
July	4997	0	0	0	29
August	5897	0	0	0	31
September	5805	0	0	0	30
October	6430	0	0	0	31
November	2425	0	0	0	13
December	1396	0	0	0	13
TOTAL	61338		0		

Submitted Electronically