1288752

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 # 32334
Name: Chesapeake Operating, LLC
Address 1: 6100 N WESTERN AVE
Address 2: PO BOX 18496
City: OKLAHOMA CITY State: OK Zip: 73118 + 1046
Contact Person: Sara Everett
Phone: (405) 935-2408
Lease Name: BROWNLEE
Well Number: 1-14

API No.: 15-075-20635-00-00
Permit No: D27412.0
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - NE - SW Sec. 14 Twp. 24 S. R. 40 ☐ E ☑ W
(Q/Q/Q/Q)
3565 feet from ☐ N / ☑ S Line of Section
2025 feet from ☑ E / ☐ W Line of Section
County: Hamilton

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: 2000 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	496	0	0		31
February	448	0	0		28
March	496	0	0		31
April	480	0	0		30
May	496	0	0		31
June	480	0	0		30
July	294	0	0		31
August	310	0	0		31
September	354	0	0		30
October	351	0	0		31
November	325	0	0		30
December	403	0	0		31
TOTAL	4933		0		

Submitted Electronically