1288761

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: HICKS
Well Number: 4

API No.: 15-055-00531-00-01
Permit No: D26810.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - NE - NE Sec. 13 Twp. 25 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
2413 feet from ☐ N / ☑ S Line of Section
2744 feet from ☑ E / ☐ W Line of Section
County: Finney

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: Cedar Hills
Maximum Authorized Injection Rate: 300 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	371	0	0		31
February	325	0	0		28
March	381	0	0		31
April	333	0	0		30
May	348	0	0		31
June	293	0	0		30
July	266	0	0		31
August	234	0	0		31
September	224	0	0		30
October	199	0	0		31
November	199	0	0		30
December	201	0	0		31
TOTAL	3374		0		

Submitted Electronically