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 # 33539
Name: Cherokee Wells LLC
Address 1: P.O. BOX 296
Address 2:
City: FREDONIA State: KS Zip: 66736 + __ __ __ __
Contact Person: Tracy Miller
Phone: (620) 378-3650
Lease Name: ONEAL
Well Number: A-15

API No.: 15-205-26095-00-00
Permit No: D28631.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - SE Sec. 29 Twp. 28 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
280 feet from ☐ N / ☑ S Line of Section
0 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 8000 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	9859	0	0		30
February	12891	0	0		28
March	12806	0	0		31
April	10170	0	0		30
May	9238	0	0		31
June	9947	0	0		30
July	9407	0	0		31
August	9659	0	0		31
September	9627	0	0		30
October	8867	0	0		30
November	8923	0	0		29
December	8276	0	0		31
TOTAL	119670		0		

Submitted Electronically