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 # 34769
Name: CherokeeNRG LLC
Address 1: 112 SOUTH 5TH STREET
Address 2: P.O. BOX 111
City: NEODESHA State: KS Zip: 66757 + __ __ __ __
Contact Person: Pam Schultz
Phone: (620) 432-1840
Lease Name: ECK
Well Number: 10

API No.: 15-205-23254-00-01
Permit No: E26695.4
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - SE Sec. 24 Twp. 27 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
408 feet from ☐ N / ☑ S Line of Section
1912 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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 200 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	118	490	0		31
February	86	400	0		28
March	85	450	0		31
April	109	440	0		30
May	90	460	0		31
June	52	470	0		30
July	114	450	0		31
August	94	460	0		31
September	56	480	0		30
October	112	470	0		31
November	87	460	0		30
December	55	470	0		31
TOTAL	1058		0		

Submitted Electronically