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: 5

API No.: 15-205-22931-00-01
Permit No: E26695.3
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - NE Sec. 25 Twp. 27 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
5016 feet from ☐ N / ☑ S Line of Section
1512 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	119	490	0		31
February	85	400	0		28
March	59	450	0		31
April	114	440	0		30
May	94	460	0		31
June	56	470	0		30
July	119	450	0		31
August	91	460	0		31
September	56	480	0		30
October	121	470	0		31
November	90	460	0		30
December	59	470	0		31
TOTAL	1063		0		

Submitted Electronically