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 # 7146
Name: Cheyenne Oil Services, Inc.
Address 1: PO BOX 384
Address 2:
City: NESS CITY State: KS Zip: 67560 + 0384
Contact Person: Paul Cambron
Phone: (785) 798-2282
Lease Name: HINEMAN B
Well Number: 1-18

API No.: 15-101-21167-00-01
Permit No: D26074.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NE - SE Sec. 18 Twp. 19 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
1613 feet from ☐ N / ☑ S Line of Section
974 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 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	3680	0	0		30
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	3680		0		

Submitted Electronically