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 + 0296
Contact Person: Tracy Miller
Phone: (620) 378-3650
Lease Name: BRAMAN CLAY
Well Number: 18

API No.: 15-205-24114-00-00
Permit No: E23940.2
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NW - NW Sec. 6 Twp. 27 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
5115 feet from ☐ N / ☑ S Line of Section
4125 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: 1000 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 800 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	0	0	0		0
February	0	0	0		0
March	0	0	0		0
April	0	0	0		0
May	0	0	0		0
June	0	0	0		0
July	0	0	0		0
August	0	0	0		0
September	0	0	0		0
October	0	0	0		0
November	0	0	0		0
December	0	0	0		0
TOTAL	0		0		

Submitted Electronically