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: TARTER
Well Number: WDW 1

API No.: 15-205-20745-00-00
Permit No: D20016.0
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - ____ - NW Sec. 21 Twp. 28 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
3960 feet from ☐ N / ☑ S Line of Section
5115 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: 650 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 7500 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	46957	150	0		31
February	47458	170	0		28
March	44929	200	0		31
April	39928	0	0		30
May	46254	0	0		31
June	53118	250	0		30
July	50446	0	0		31
August	55587	0	0		31
September	54321	0	0		30
October	52170	155	0		31
November	50479	0	0		30
December	49288	150	0		31
TOTAL	590935		0		

Submitted Electronically