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: SNODGRASS
Well Number: 1 SWD

API No.: 15-135-19040-00-00
Permit No: D21762.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - SW - NE - SW Sec. 17 Twp. 17 S. R. 23 ☐ E ☑ W
*(Q/Q/Q/Q)*
1804 feet from ☐ N / ☑ S Line of Section
3319 feet from ☑ E / ☐ W Line of Section
County: Ness

**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: 700 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 | 720 | 0 | 0 | | 30 |
| February | 320 | 0 | 0 | | 28 |
| March | 1120 | 0 | 0 | | 30 |
| April | 1520 | 0 | 0 | | 29 |
| May | 720 | 0 | 0 | | 30 |
| June | 1040 | 0 | 0 | | 29 |
| July | 1600 | 0 | 0 | | 30 |
| August | 1040 | 0 | 0 | | 30 |
| September | 320 | 0 | 0 | | 29 |
| October | 1200 | 0 | 0 | | 30 |
| November | 1120 | 0 | 0 | | 29 |
| December | 720 | 0 | 0 | | 30 |
| ***TOTAL*** | 11440 | | 0 | | |

Submitted Electronically