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: 2018
*(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 | 0 | | 0 | | 0 |
| February | 0 | | 0 | | 0 |
| March | 0 | | 0 | | 0 |
| April | 0 | | 0 | | 0 |
| May | 0 | | 0 | | 0 |
| June | 0 | | 0 | | 0 |
| July | 0 | | 0 | | 0 |
| August | 0 | | 0 | | 0 |
| September | 0 | | 0 | | 0 |
| October | 0 | | 0 | | 0 |
| November | 0 | | 0 | | 0 |
| December | 0 | | 0 | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically