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 # 31819
Name: Cholla Production, LLC
Address 1: 10390 BRADFORD RD. SUITE 201
Address 2:
City: LITTLETON State: CO Zip: 80127 + 6416
Contact Person: Emily Hundley-Goff
Phone: (303) 623-4565
Lease Name: LEIKER
Well Number: 4-25-15-20

API No.: 15-051-26884-00-01
Permit No: E32824.1
Reporting Year: 2019
(January 1 to December 31)

SE - SE - SW - SW Sec. 25 Twp. 15 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
133 feet from ☐ N / ☑ S Line of Section
3995 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: Lansing
Maximum Authorized Injection Rate: 1000 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	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	240	0	0	0	30
October	240	0	0	0	27
November	440	0	0	0	30
December	440	0	0	0	31
TOTAL	1360		0		

Submitted Electronically