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 # 34769
Name: CherokeeNRG LLC
Address 1: 112 SOUTH 5TH STREET
Address 2: P.O. BOX 111
City: NEODESHA State: KS Zip: 66757 + 0111
Contact Person: Pam Graves
Phone: (620) 432-1840
Lease Name: NEWLAND
Well Number: 6

API No.: 15-205-25136-00-00
Permit No: D27483.0
Reporting Year: 2019
(January 1 to December 31)

NE - NE - SW - ____ Sec. 6 Twp. 30 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
2671 feet from ☐ N / ☑ S Line of Section
2944 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: 0 psi Injection Zone: Arbuckle
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	118	0	0	0	31
February	86	0	0	0	28
March	62	0	0	0	31
April	114	0	0	0	30
May	95	0	0	0	31
June	61	0	0	0	30
July	118	0	0	0	31
August	99	0	0	0	31
September	61	0	0	0	30
October	118	0	0	0	31
November	96	0	0	0	30
December	62	0	0	0	31
TOTAL	1090		0		

Submitted Electronically