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: ECK
Well Number: 12

API No.: 15-205-23612-00-01
Permit No: E26695.5
Reporting Year: 2019
*(January 1 to December 31)*

SW - NW - NE - ____ Sec. 25 Twp. 27 S. R. 13 ☑ E ☐ W
*(Q/Q/Q/Q)*
4557 feet from ☐ N / ☑ S Line of Section
2340 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: 600 psi Injection Zone: Squirrel Sand
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 | 114 | 466 | 0 | 0 | 31 |
| February | 86 | 378 | 0 | 0 | 28 |
| March | 58 | 430 | 0 | 0 | 31 |
| April | 111 | 422 | 0 | 0 | 30 |
| May | 95 | 444 | 0 | 0 | 31 |
| June | 53 | 456 | 0 | 0 | 30 |
| July | 114 | 438 | 0 | 0 | 31 |
| August | 95 | 450 | 0 | 0 | 31 |
| September | 54 | 472 | 0 | 0 | 30 |
| October | 115 | 464 | 0 | 0 | 31 |
| November | 92 | 456 | 0 | 0 | 30 |
| December | 59 | 468 | 0 | 0 | 31 |
| ***TOTAL*** | 1046 | | 0 | | |

Submitted Electronically