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 # 33539
Name: Cherokee Wells LLC
Address 1: P.O. BOX 296
Address 2:
City: FREDONIA State: KS Zip: 66736 + 0296
Contact Person: Tracy Miller
Phone: (620) 378-3650
Lease Name: SIEWERT
Well Number: A-8 SWD

API No.: 15-205-26568-00-00
Permit No: D28702.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SE - SE Sec. 6 Twp. 28 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
721 feet from ☐ N / ☑ S Line of Section
172 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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	46581	0			31
February	35344	0			25
March	49452	0			31
April	46461	0			30
May	36685	0			31
June	33941	0			30
July	48218	0			31
August	47487	0			31
September	45346	0			30
October	49669	0			31
November	45434	0			30
December	45301	0			31
TOTAL	529919		0		

Submitted Electronically