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: STRECKER
Well Number: A-5

API No.: 15-083-20983-00-00
Permit No: D21228.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SW - NW Sec. 9 Twp. 24 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
2960 feet from ☐ N / ☑ S Line of Section
4882 feet from ☑ E / ☐ W Line of Section
County: Hodgeman

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: 600 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		30
February	0	0	0		27
March	0	0	0		30
April	0	0	0		29
May	0	0	0		30
June	0	0	0		29
July	0	0	0		30
August	0	0	0		30
September	0	0	0		29
October	0	0	0		30
November	0	0	0		29
December	0		0		30
TOTAL	0		0		

Submitted Electronically