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 # 35444
Name: Cherokee Gas Holdings LLC
Address 1: P.O. BOX 428
Address 2:
City: NOWATA State: OK Zip: 74048 + 0428
Contact Person: Michael D Frauenberger
Phone: (918) 695-2230
Lease Name: FOLEY
Well Number: 1 M

API No.: 15-099-22509-00-01
Permit No: D26279.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NE - NW Sec. 6 Twp. 35 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
4213 feet from ☐ N / ☑ S Line of Section
3959 feet from ☑ E / ☐ W Line of Section
County: Labette

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(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	0	0	0	0	0
October	5270	10	0	0	22
November	5700	15	0	0	30
December	8060	25	0	0	31
TOTAL	19030		0		

Submitted Electronically