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: ARNOLD
Well Number: A-4 SWD

API No.: 15-205-26435-00-00
Permit No: D28696.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - SW Sec. 31 Twp. 28 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
100 feet from ☐ N / ☑ S Line of Section
2740 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: 8000 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	4650	0			31
February	4350	0			28
March	4650	0			31
April	3450	0			30
May	4650	0			31
June	4500	0			30
July	4650	0			31
August	6300	0			31
September	4500	0			30
October	4650	0			31
November	4500	0			30
December	4650	0			31
TOTAL	55500		0		

Submitted Electronically