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: BENJEGERDES SWD
Well Number: 20 1

API No.: 15-205-24849-00-00
Permit No: D25996.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - SW - NW - NW Sec. 20 Twp. 27 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
4199 feet from ☐ N / ☑ S Line of Section
5001 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: 500 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 | 18580 | 0 | | | 31 |
| February | 17338 | 0 | | | 25 |
| March | 18586 | 0 | | | 31 |
| April | 12322 | 0 | | | 30 |
| May | 14027 | 0 | | | 31 |
| June | 14043 | 0 | | | 30 |
| July | 9443 | 0 | | | 31 |
| August | 14420 | 198 | | | 31 |
| September | 8436 | 0 | | | 30 |
| October | 9300 | 0 | | | 31 |
| November | 4610 | 0 | | | 30 |
| December | 9510 | 0 | | | 31 |
| ***TOTAL*** | 150615 | | 0 | | |

Submitted Electronically