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 # 31819
Name: Cholla Production, LLC
Address 1: 10390 BRADFORD RD. SUITE 201
Address 2:
City: LITTLETON State: CO Zip: 80127 + 6416
Contact Person: Emily Hundley-Goff
Phone: (303) 623-4565
Lease Name: STITHEM
Well Number: 2-4

API No.: 15-195-01358-00-01
Permit No: D30948.0
Reporting Year: 2020
(January 1 to December 31)

____ - E2 - SW - SE Sec. 4 Twp. 11 S. R. 23 ☐ E ☑ W
(Q/Q/Q/Q)
663 feet from ☐ N / ☑ S Line of Section
1641 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 200 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 500 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	3	0	0	0	31
February	3	0	0	0	29
March	3	0	0	0	31
April	3	0	0	0	27
May	3	0	0	0	31
June	3	0	0	0	29
July	3	0	0	0	31
August	7	0	0	0	30
September	4	0	0	0	30
October	5	0	0	0	31
November	2	0	0	0	23
December	30	0	0	0	4
TOTAL	69		0		

Submitted Electronically