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: LAMBERT
Well Number: SWD A-3

API No.: 15-205-26119-00-01
Permit No: D28574.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - SW Sec. 34 Twp. 28 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
142 feet from ☐ N / ☑ S Line of Section
2941 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	15810	0			31
February	14790	0			29
March	15810	0			31
April	11730	0			30
May	15810	0			31
June	15300	0			30
July	15810	0			31
August	15810	0			31
September	15300	0			30
October	15810	0			31
November	15300	0			30
December	15390	0			31
TOTAL	182670		0		

Submitted Electronically