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 # 34769
Name: CherokeeNRG LLC
Address 1: 112 SOUTH 5TH STREET
Address 2: P.O. BOX 111
City: NEODESHA State: KS Zip: 66757 + 0111
Contact Person: Pam Schultz
Phone: (620) 432-1840
Lease Name: ECK
Well Number: 7

API No.: 15-205-23241-00-01
Permit No: E26695.1
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SW - SE Sec. 24 Twp. 27 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
414 feet from ☐ N / ☑ S Line of Section
2297 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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 200 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	120	467			31
February	85	379			29
March	65	431			31
April	120	423			30
May	94	445			31
June	56	457			30
July	124	439			31
August	90	451			31
September	60	473			30
October	124	465			31
November	88	457			30
December	62	469			31
TOTAL	1088		0		

Submitted Electronically