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: PO BOX 296
Address 2:
City: FREDONIA State: KS Zip: 66736 + 0296
Contact Person: Tracy Miller
Phone: (620) 378-3650
Lease Name: HOLDERMAN
Well Number: SWD A-7

API No.: 15-205-26024-00-00
Permit No: D28602.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NE - NE Sec. 34 Twp. 28 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
5160 feet from ☐ N / ☑ S Line of Section
73 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	5558	175			31
February	2923	175			28
March	2036	175			30
April	2357	180			30
May	3114	170			30
June	5006	170			30
July	3411	170			31
August	3351	170			31
September	3968	170			30
October	3255	170			31
November	3744	170			30
December	3457	170			31
TOTAL	42180		0		

Submitted Electronically