

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 # 35444

Name: Cherokee Gas Holdings LLC

Address 1: PO BOX 428

Address 2: _____

City: NOWATA State: OK Zip: 74048-0428, 0428

Contact Person: Michael D Frauenberger

Phone: (918) 695-2230

Lease Name: FOLEY

Well Number: 1 M

API No.: 15-099-22509-00-01

Permit No.: D26279.0

Reporting Year: 2025
(January 1 to December 31)

 - SW - NE - NW Sec. 6 Twp. 35 S. R. 20 ☒ E ☐ W
(a/a/a/a)

4213 feet from ☐ N / ☒ S Line of Section

3959 feet from ☒ E / ☐ W Line of Section

County: Labette

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: 100 psi Injection Zone: ARBUCKLE

Maximum Authorized Injection Rate: 2000 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	<u>5000</u>	<u>50</u>			<u>31</u>
	February	<u>4500</u>	<u>45</u>			<u>28</u>
	March	<u>5000</u>	<u>50</u>			<u>31</u>
	April	<u>4500</u>	<u>50</u>			<u>30</u>
	May	<u>5000</u>	<u>50</u>			<u>31</u>
	June	<u>4500</u>	<u>50</u>			<u>30</u>
	July	<u>5000</u>	<u>50</u>			<u>31</u>
	August	<u>4500</u>	<u>45</u>			<u>31</u>
	September	<u>5000</u>	<u>50</u>			<u>30</u>
	October	<u>4500</u>	<u>45</u>			<u>31</u>
	November	<u>4500</u>	<u>45</u>			<u>30</u>
	December	<u>0</u>	<u>0</u>			<u>0</u>
	TOTAL	<u>52000</u>		<u>0</u>		

Submitted Electronically