1277091

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 # 5150
Name: Colt Energy Inc
Address 1: PO BOX 388
Address 2:
City: IOLA State: KS Zip: 66749 + 0388
Contact Person: BETH WILSON
Phone: (620) 365-3111
Lease Name: PALMER
Well Number: 14

API No.: 15-001-28251-00-01
Permit No: E10334.109
Reporting Year: 2015
(January 1 to December 31)

NW - NW - SW - SW Sec. 13 Twp. 25 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
1100 feet from ☐ N / ☑ S Line of Section
5040 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 650 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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	631	30	0		31
February	544	30	0		28
March	612	340	0		1
April	587	340	0		30
May	614	350	0		31
June	575	340	0		30
July	583	300	0		31
August	625	300	0		31
September	533	310	0		30
October	535	320	0		31
November	489	300	0		30
December	491	300	0		31
TOTAL	6819		0		

Submitted Electronically