1277444

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: WINEGAR
Well Number: 11

API No.: 15-045-20806-00-01
Permit No: E25670.10
Reporting Year: 2015
(January 1 to December 31)

____ - NW - NE - SW Sec. 14 Twp. 14 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
2417 feet from ☐ N / ☑ S Line of Section
3394 feet from ☑ E / ☐ W Line of Section
County: Douglas

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: 500 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 30 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 9 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	428	390	0		31
February	309	390	0		28
March	308	390	0		31
April	314	390	0		30
May	308	430	0		31
June	377	430	0		30
July	341	430	0		31
August	250	350	0		31
September	195	350	0		30
October	327	350	0		31
November	293	420	0		30
December	329	420	0		1
TOTAL	3779		0		

Submitted Electronically