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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: Beard "1"
Well Number: B1-I

API No.: 15-031-22743-00-00
Permit No: E30852.2
Reporting Year: 2015
(January 1 to December 31)

NW - SW - SW - NW Sec. 1 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2145 feet from ☑ N / ☐ S Line of Section
165 feet from ☐ E / ☑ W Line of Section
County: Coffey

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: SQUIRREL
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 11 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	550	240	0		31
February	650	240	0		28
March	458	260	0		31
April	638	260	0		30
May	574	260	0		31
June	738	260	0		30
July	549	260	0		31
August	653	260	0		31
September	610	300	0		30
October	590	280	0		31
November	508	280	0		30
December	484	280	0		31
TOTAL	7002		0		

Submitted Electronically