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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: LIPSEY
Well Number: 15 I

API No.: 15-031-22008-00-00
Permit No: E26562.27
Reporting Year: 2015
(January 1 to December 31)

SE - SE - NW - SW Sec. 2 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1480 feet from ☐ N / ☑ S Line of Section
3980 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: 600 psi Injection Zone: SQUIRREL
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	660	220	0		31
February	655	220	0		28
March	722	220	0		31
April	672	220	0		30
May	551	220	0		31
June	634	220	0		30
July	61	220	0		7
August	2	500	0		2
September	0		0		
October	30	500	0		2
November	457	500	0		30
December	425	500	0		31
TOTAL	4869		0		

Submitted Electronically