1277680

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: KIVETT
Well Number: 17A

API No.: 15-003-23841-00-00
Permit No: E04401.41
Reporting Year: 2015
(January 1 to December 31)

____ - SE - NE - SE Sec. 16 Twp. 23 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
1529 feet from ☐ N / ☑ S Line of Section
350 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 700 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 150 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	273	500	0		31
February	525	500	0		28
March	620	500	0		31
April	563	480	0		30
May	548	550	0		31
June	565	550	0		30
July	08	550	0		31
August	576	550	0		31
September	622	550	0		0
October	660	540	0		31
November	533	540	0		30
December	646	540	0		31
TOTAL	6139		0		

Submitted Electronically