1277689

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: LAUBER
Well Number: 14 A

API No.: 15-207-25891-00-00
Permit No: E06103.14
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SW - NE Sec. 23 Twp. 26 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
3530 feet from ☐ N / ☑ S Line of Section
1560 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 450 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 180 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	1471	0	0		31
February	1289	0	0		28
March	1452	0	0		31
April	1481	0	0		30
May	1569	0	0		31
June	1523	0	0		30
July	1475	0	0		31
August	1679	0	0		31
September	1408	0	0		30
October	1530	0	0		31
November	1465	0	0		30
December	1521	0	0		31
TOTAL	17863		0		

Submitted Electronically