1278580

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: LOUK
Well Number: WDW 3

API No.: 15-207-26826-00-00
Permit No: D28300.0
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SE - NW Sec. 23 Twp. 26 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
3730 feet from ☐ N / ☑ S Line of Section
2940 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	15716	0	0		31
February	15972	0	0		28
March	15962	0	0		31
April	15711	0	0		30
May	15888	0	0		31
June	14877	0	0		30
July	14460	0	0		31
August	13858	0	0		31
September	12022	0	0		30
October	11937	0	0		31
November	12223	0	0		30
December	10967	0	0		31
TOTAL	169593		0		

Submitted Electronically