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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: Bethany Wilson
Phone: (620) 365-3111
Lease Name: HAZEN 2
Well Number: 14-I

API No.: 15-031-22199-00-00
Permit No: E26562.34
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SW - SW Sec. 2 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2855 feet from ☐ N / ☑ S Line of Section
2600 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: 0 mg/l Specific Gravity: 0 Additives: Inhibitor & biocide
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Squirrel Sand
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 42 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	460	0	0		31
February	447	0	0		29
March	540	0	0		31
April	476	310	0		30
May	653	300	0		31
June	529	300	0		30
July	444	300	0		31
August	494	300	0		31
September	486	300	0		30
October	319	300	0		31
November	296	500	0		30
December	265	500	0		31
TOTAL	5409		0		

Submitted Electronically