1331415

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: WINEGAR
Well Number: 3

API No.: 15-045-20753-00-01
Permit No: E25670.6
Reporting Year: 2016
*(January 1 to December 31)*

SW - NE - NE - SW Sec. 14 Twp. 14 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
1991 feet from ☐ N / ☑ S Line of Section
3062 feet from ☑ E / ☐ W Line of Section
County: Douglas

**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: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 30 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 9 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 499 | 480 | 0 | | 31 |
| February | 355 | 480 | 0 | | 29 |
| March | 449 | 450 | 0 | | 31 |
| April | 382 | 460 | 0 | | 30 |
| May | 335 | 410 | 0 | | 31 |
| June | 415 | 400 | 0 | | 30 |
| July | 430 | 450 | 0 | | 31 |
| August | 218 | 490 | 0 | | 31 |
| September | 467 | 460 | 0 | | 30 |
| October | 520 | 500 | 0 | | 31 |
| November | 499 | 500 | 0 | | 30 |
| December | 491 | 500 | 0 | | 31 |
| ***TOTAL*** | 5060 | | 0 | | |

Submitted Electronically