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: Michelle Eldridge
Phone: (620) 365-3111
Lease Name: FAUSETT
Well Number: INJ 7

API No.: 15-107-23617-00-00
Permit No: E27758.7
Reporting Year: 2017
(January 1 to December 31)

NW - NE - NW - SW Sec. 16 Twp. 21 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4926 feet from ☐ N / ☑ S Line of Section
3705 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 500 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	104	0	0		10
April	285	500	0		30
May	605	500	0		31
June	505	500	0		30
July	467	500	0		31
August	572	500	0		31
September	306	500	0		30
October	560	500	0		31
November	35	500	0		2
December	0		0		
TOTAL	3439		0		

Submitted Electronically