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: J C B UNIT 1
Well Number: I-14

API No.: 15-003-24057-00-00
Permit No: E26119.18
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NW - SE Sec. 29 Twp. 22 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
4360 feet from ☐ N / ☑ S Line of Section
1358 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 700 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	230	0	0	0
February	0	230	0	0	0
March	0	230	0	0	0
April	0	230	0	0	0
May	400	230	0	0	25
June	590	230	0	0	30
July	584	235	0	0	31
August	537	240	0	0	31
September	505	180	0	0	30
October	540	230	0	0	31
November	549	230	0	0	30
December	611	420	0	0	31
TOTAL	4316		0		

Submitted Electronically