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: LAUBER
Well Number: 14 A

API No.: 15-207-25891-00-00
Permit No: E06103.14
Reporting Year: 2019
(January 1 to December 31)

NE - SW - NE - ____ Sec. 23 Twp. 26 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
3530 feet from ☐ N / ☑ S Line of Section
1560 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: 0 mg/l Specific Gravity: 0 Additives: Inhibitor & biocide
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 450 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 180 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 33 *(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	0	0	0
February	0	62	0	0	0
March	0	62	0	0	0
April	234	62	0	0	8
May	747	62	0	0	31
June	719	62	0	0	30
July	923	4	0	0	31
August	770	15	0	0	31
September	827	4	0	0	30
October	720	11	0	0	31
November	857	6	0	0	30
December	652	6	0	0	27
TOTAL	6449		0		

Submitted Electronically