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: SHAW
Well Number: SWD 1

API No.: 15-125-31874-00-00
Permit No: D30458.0
Reporting Year: 2019
*(January 1 to December 31)*

SE - NE - SW - ____ Sec. 27 Twp. 32 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
1750 feet from ☐ N / ☑ S Line of Section
2779 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: 150 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 6972 | 0 | 0 | 0 | 31 |
| February | 6449 | 0 | 0 | 0 | 28 |
| March | 8145 | 0 | 0 | 0 | 31 |
| April | 7299 | 0 | 0 | 0 | 30 |
| May | 7716 | 0 | 0 | 0 | 31 |
| June | 7213 | 0 | 0 | 0 | 30 |
| July | 6156 | 0 | 0 | 0 | 31 |
| August | 7036 | 0 | 0 | 0 | 31 |
| September | 7947 | 0 | 0 | 0 | 30 |
| October | 8638 | 0 | 0 | 0 | 31 |
| November | 7030 | 0 | 0 | 0 | 30 |
| December | 7821 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 88422 | | 0 | | |

Submitted Electronically