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: SCHAFER
Well Number: CS-4

API No.: 15-207-29005-00-02
Permit No: E06103.44
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SW - NW Sec. 23 Twp. 26 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
2936 feet from ☐ N / ☑ S Line of Section
5149 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: ____ mg/l Specific Gravity: ____ Additives: ____
(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: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	908	140	0	0	31
February	820	140	0	0	28
March	875	140	0	0	31
April	873	85	0	0	30
May	821	140	0	0	31
June	911	140	0	0	30
July	944	55	0	0	31
August	915	55	0	0	31
September	903	120	0	0	30
October	798	70	0	0	31
November	810	75	0	0	30
December	851	60	0	0	31
TOTAL	10429		0		

Submitted Electronically