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: Stephanie Wofford
Phone: ( 620 ) 365-3111
Lease Name: LAUBER
Well Number: 15 A

API No.: 15-207-25890-00-00
Permit No: E06103.15
Reporting Year: 2023
*(January 1 to December 31)*

____ - NE - SW - NE Sec. 23 Twp. 26 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
3906 feet from ☐ N / ☑ S Line of Section
1739 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: 0.00 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 | 1481 | 5 | 0 | 0 | 31 |
| February | 1449 | 5 | 0 | 0 | 28 |
| March | 1527 | 5 | 0 | 0 | 31 |
| April | 1525 | 5 | 0 | 0 | 30 |
| May | 1478 | 5 | 0 | 0 | 31 |
| June | 1433 | 5 | 0 | 0 | 30 |
| July | 1408 | 5 | 0 | 0 | 31 |
| August | 1515 | 5 | 0 | 0 | 31 |
| September | 1549 | 5 | 0 | 0 | 30 |
| October | 1677 | 60 | 0 | 0 | 31 |
| November | 1277 | 60 | 0 | 0 | 30 |
| December | 1615 | 50 | 0 | 0 | 31 |
| ***TOTAL*** | 17934 | | 0 | | |

Submitted Electronically