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: JOHNSON
Well Number: WD-1

API No.: 15-001-29964-00-00
Permit No: D31189.0
Reporting Year: 2023
(January 1 to December 31)

NE - SW - NW - SW Sec. 11 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
1904 feet from ☐ N / ☑ S Line of Section
4721 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 325 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 750 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	3850	0	0	0	31
February	3850	0	0	0	28
March	3857	0	0	0	31
April	3800	0	0	0	30
May	3730	0	0	0	31
June	3350	0	0	0	30
July	2629	0	0	0	31
August	2611	0	0	0	31
September	2973	0	0	0	30
October	4186	0	0	0	31
November	2758	0	0	0	30
December	3511	0	0	0	31
TOTAL	41105		0		

Submitted Electronically