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: FOSTER
Well Number: 1-36SWD

API No.: 15-099-23861-00-00
Permit No: D28692.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NE - NE Sec. 36 Twp. 31 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4956 feet from ☐ N / ☑ S Line of Section
405 feet from ☑ E / ☐ W Line of Section
County: Labette

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: 200 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	0	0	0	0	0
February	3789	0	0	0	28
March	4011	0	0	0	31
April	0	0	0	0	30
May	4268	0	0	0	31
June	3864	0	0	0	30
July	4272	0	0	0	31
August	3508	0	0	0	31
September	2903	0	0	0	30
October	1967	0	0	0	31
November	4527	0	0	0	30
December	4221	0	0	0	31
TOTAL	37330		0		

Submitted Electronically