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: COLTRANE
Well Number: RW 19

API No.: 15-001-24714-00-01
Permit No: E10334.102
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - NE Sec. 23 Twp. 25 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
4209 feet from ☐ N / ☑ S Line of Section
2020 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: 0 mg/l Specific Gravity: 0.00 Additives: Inhibitor & biocide
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 36 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	674	320	0	0	31
February	533	330	0	0	28
March	593	330	0	0	31
April	576	330	0	0	30
May	613	300	0	0	31
June	646	300	0	0	30
July	624	300	0	0	31
August	638	300	0	0	31
September	598	300	0	0	30
October	636	300	0	0	31
November	596	300	0	0	30
December	595	300	0	0	31
TOTAL	7322		0		

Submitted Electronically