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: BEARD/SKELTON "1"
Well Number: 13-I

API No.: 15-031-22313-00-00
Permit No: E30714.6
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NE - NE Sec. 11 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4152 feet from ☐ N / ☑ S Line of Section
65 feet from ☑ E / ☐ W Line of Section
County: Coffey

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 Additives: Inhibitor & biocide
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Second Squirrel
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 7 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	376	500	0	0	31
February	424	420	0	0	29
March	520	420	0	0	31
April	475	420	0	0	30
May	508	420	0	0	31
June	285	420	0	0	30
July	114	420	0	0	31
August	478	420	0	0	31
September	485	420	0	0	30
October	511	420	0	0	31
November	495	240	0	0	30
December	533	240	0	0	31
TOTAL	5204		0		

Submitted Electronically