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: CONLEY
Well Number: 17-I

API No.: 15-001-29462-00-01
Permit No: E27502.17
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - NW Sec. 19 Twp. 23 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
3691 feet from ☐ N / ☑ S Line of Section
3512 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: 500 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 50 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	0	500	0	0	0
February	0	500	0	0	0
March	0	500	0	0	0
April	0	500	0	0	0
May	0	500	0	0	0
June	0	500	0	0	0
July	0	500	0	0	31
August	0	500	0	0	0
September	0	500	0	0	0
October	0	500	0	0	31
November	0	500	0	0	0
December	0	500	0	0	0
TOTAL	0		0		

Submitted Electronically