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: MURRAY B
Well Number: 8

API No.: 15-031-20776-00-01
Permit No: E26562.1
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NE - SE Sec. 2 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1363 feet from ☐ N / ☑ S Line of Section
207 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: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 42 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	140	0	0	0
February	0	140	0	0	0
March	0	140	0	0	0
April	0	140	0	0	0
May	0	140	0	0	0
June	0	140	0	0	0
July	0	140	0	0	0
August	0	140	0	0	0
September	0	140	0	0	0
October	0	140	0	0	0
November	0	140	0	0	0
December	0	140	0	0	0
TOTAL	0		0		

Submitted Electronically