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: CONGER
Well Number: RW 6

API No.: 15-001-25319-00-01
Permit No: E10334.115
Reporting Year: 2024
*(January 1 to December 31)*

____ - SE - SW - SE Sec. 14 Twp. 25 S. R. 19 ☑ E ☐ W
*(Q/Q/Q/Q)*
242 feet from ☐ N / ☑ S Line of Section
1571 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 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 | 352 | 570 | 0 | 0 | 31 |
| February | 429 | 580 | 0 | 0 | 29 |
| March | 444 | 580 | 0 | 0 | 31 |
| April | 438 | 580 | 0 | 0 | 30 |
| May | 400 | 580 | 0 | 0 | 31 |
| June | 418 | 580 | 0 | 0 | 30 |
| July | 440 | 580 | 0 | 0 | 31 |
| August | 266 | 580 | 0 | 0 | 31 |
| September | 271 | 580 | 0 | 0 | 30 |
| October | 596 | 580 | 0 | 0 | 31 |
| November | 540 | 580 | 0 | 0 | 30 |
| December | 484 | 580 | 0 | 0 | 31 |
| ***TOTAL*** | 5078 | | 0 | | |

Submitted Electronically