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: Michelle Eldridge
Phone: (620) 365-3111
Lease Name: LAUBER WEST
Well Number: 1 A

API No.: 15-207-26246-00-00
Permit No: E06103.20
Reporting Year: 2020
(January 1 to December 31)

NE - NE - SW - ____ Sec. 23 Twp. 26 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
2271 feet from ☐ N / ☑ S Line of Section
2678 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 450 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 180 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 33 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	998	5	0	0	31
February	942	1	0	0	29
March	968	1	0	0	31
April	816	1	0	0	30
May	898	1	0	0	31
June	888	1	0	0	30
July	872	0	0	0	31
August	862	1	0	0	31
September	890	1	0	0	30
October	885	1	0	0	31
November	856	0	0	0	30
December	889	0	0	0	31
TOTAL	10764		0		

Submitted Electronically