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 # 5039
Name: AGV Corp.
Address 1: 123 N MAIN
Address 2: PO BOX 377
City: ATTICA State: KS Zip: 67009 + 0377
Contact Person: Larry Mans
Phone: (620) 254-7222
Lease Name: SAM
Well Number: B

API No.: 15-007-00558-00-01
Permit No: D30019.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - SW Sec. 24 Twp. 33 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1637 feet from ☐ N / ☑ S Line of Section
4944 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	63240	0	0		31
February	57120	0	0		28
March	63240	0	0		31
April	61200	0	0		30
May	63240	0	0		31
June	61200	0	0		30
July	63240	0	0		31
August	63240	0	0		31
September	61200	0	0		30
October	63240	0	0		31
November	61200	0	0		30
December	63240	0	0		31
TOTAL	744600		0		

Submitted Electronically