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 # 31714
Name: Novy Oil & Gas, Inc.
Address 1: PO BOX 559
Address 2:
City: GODDARD State: KS Zip: 67052 + 0559
Contact Person: Michael Novy
Phone: ( 316 ) 794-7200
Lease Name: BOLACK
Well Number: 10 SWD

API No.: 15-035-24646-00-00
Permit No: D32315.0
Reporting Year: 2017
*(January 1 to December 31)*

NW - NW - NW - NE Sec. 21 Twp. 32 S. R. 6 ☑ E ☐ W
*(Q/Q/Q/Q)*
155 feet from ☑ N / ☐ S Line of Section
2540 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 15000 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 | 88200 | 0 | 0 | | 21 |
| February | 29400 | 0 | 0 | | 7 |
| March | 130200 | 0 | 0 | | 31 |
| April | 46200 | 0 | 0 | | 11 |
| May | 0 | | 0 | | |
| June | 46200 | 0 | 0 | | 11 |
| July | 10500 | 0 | 0 | | 25 |
| August | 88200 | 0 | 0 | | 21 |
| September | 126000 | 0 | 0 | | 30 |
| October | 130200 | 0 | 0 | | 31 |
| November | 126000 | 0 | 0 | | 30 |
| December | 130200 | 0 | 0 | | 31 |
| ***TOTAL*** | 951300 | | 0 | | |

Submitted Electronically