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: HARRINGTON
Well Number: 10

API No.: 15-009-23083-00-00
Permit No: D22050.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SW - SE Sec. 29 Twp. 16 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
396 feet from ☐ N / ☑ S Line of Section
2302 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 6000 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	4495	0	0		31
February	4060	0	0		28
March	11575	0	0		31
April	28660	0	0		30
May	2855	0	0		17
June	29038	0	0		30
July	55345	0	0		31
August	16180	0	0		31
September	4350	0	0		30
October	4495	0	0		31
November	42960	0	0		30
December	48825	0	0		31
TOTAL	252838		0		

Submitted Electronically