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: CROCKETT
Well Number: 2

API No.: 15-047-20532-00-01
Permit No: E24746.4
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - SW Sec. 26 Twp. 26 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
648 feet from ☐ N / ☑ S Line of Section
3489 feet from ☑ E / ☐ W Line of Section
County: Edwards

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: 1750 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 700 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	1860	250	0		31
February	1680	250	0		28
March	1860	250	0		31
April	1800	250	0		30
May	1800	250	0		30
June	1800	250	0		30
July	1860	250	0		31
August	1800	250	0		30
September	1800	250	0		30
October	1860	250	0		31
November	1800	250	0		30
December	1860	250	0		31
TOTAL	21780		0		

Submitted Electronically