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: 2018
*(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 | 60450 | 0 | 0 | | 31 |
| February | 54600 | 0 | 0 | | 28 |
| March | 60450 | 0 | 0 | | 31 |
| April | 58500 | 0 | 0 | | 30 |
| May | 60450 | 0 | 0 | | 31 |
| June | 58500 | 0 | 0 | | 30 |
| July | 60450 | 0 | 0 | | 31 |
| August | 60450 | 0 | 0 | | 31 |
| September | 58500 | 0 | 0 | | 30 |
| October | 60450 | 0 | 0 | | 31 |
| November | 58500 | 0 | 0 | | 30 |
| December | 60450 | 0 | 0 | | 31 |
| ***TOTAL*** | 711750 | | 0 | | |

Submitted Electronically