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: 2019
(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	21511	0	0		31
February	4066	0	0		28
March	4681	0	0		31
April	4530	0	0		30
May	4681	0	0		31
June	2430	0	0		30
July	2511	0	0		31
August	2511	0	0		31
September	2430	0	0		30
October	2511	0	0		31
November	2430	0	0		30
December	45559	0	0		31
TOTAL	99851		0		

Submitted Electronically