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 # 35186
Name: Supernova Energy, Inc.
Address 1: 2250 N. ROCK RD SUITE 118-107
Address 2:
City: WICHITA State: KS Zip: 67226 + 2331
Contact Person: Chris Knowles
Phone: ( 713 ) 398-0903
Lease Name: HARREL D
Well Number: 2

API No.: 15-151-10999-00-01
Permit No: D20005.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SE - SE Sec. 27 Twp. 29 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
374 feet from ☐ N / ☑ S Line of Section
353 feet from ☑ E / ☐ W Line of Section
County: Pratt

**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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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 | 0 | | | | 0 |
| February | 0 | | | | 0 |
| March | 0 | | | | 0 |
| April | 0 | | | | 0 |
| May | 0 | | | | 0 |
| June | 0 | | | | 0 |
| July | 0 | | | | 0 |
| August | 0 | | | | 0 |
| September | 0 | | | | 0 |
| October | 0 | | | | 0 |
| November | 0 | | | | 0 |
| December | 0 | | | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically