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: MAE SIMON
Well Number: 1

API No.: 15-007-20454-00-01
Permit No: D21250.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - NE Sec. 27 Twp. 32 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
3638 feet from ☐ N / ☑ S Line of Section
1715 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: 3000 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	27435	0	0	0	31
February	24780	0	0	0	28
March	27435	0	0	0	31
April	26550	0	0	0	30
May	27435	0	0	0	31
June	26550	0	0	0	30
July	27435	0	0	0	31
August	27435	0	0	0	31
September	26550	0	0	0	30
October	27435	0	0	0	31
November	26550	0	0	0	30
December	27435	0	0	0	31
TOTAL	323025		0		

Submitted Electronically