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: H. ERDWIEN
Well Number: 2

API No.: 15-173-00787-00-03
Permit No: D01241.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - SW Sec. 11 Twp. 26 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
973 feet from ☐ N / ☑ S Line of Section
4335 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: GRANIT WASH
Maximum Authorized Injection Rate: 15000 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	62155	0	0		31
February	58145	0	0		28
March	62155	0	0		31
April	60150	0	0		30
May	62155	0	0		31
June	60150	0	0		30
July	62155	0	0		31
August	43795	0	0		31
September	58650	0	0		30
October	53010	0	0		31
November	51300	0	0		30
December	53010	0	0		31
TOTAL	686830		0		

Submitted Electronically