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: DIANA
Well Number: 2

API No.: 15-155-21587-00-00
Permit No: D31185.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NW - SW Sec. 17 Twp. 22 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
1655 feet from ☐ N / ☑ S Line of Section
5009 feet from ☑ E / ☐ W Line of Section
County: Reno

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: 100 psi Injection Zone: ARBUCKLE
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	13950	0	0		31
February	12600	0	0		29
March	13950	0	0		31
April	13500	0	0		30
May	13950	0	0		31
June	13500	0	0		30
July	13950	0	0		31
August	13950	0	0		31
September	13500	0	0		30
October	13950	0	0		31
November	13500	0	0		30
December	13950	0	0		31
TOTAL	164250		0		

Submitted Electronically