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: CARLIN A
Well Number: 1

API No.: 15-169-00967-00-01
Permit No: E28560.2
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - SW Sec. 24 Twp. 15 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
1914 feet from ☐ N / ☑ S Line of Section
4620 feet from ☑ E / ☐ W Line of Section
County: Saline

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: 1000 psi Injection Zone: MAQUOKETA
Maximum Authorized Injection Rate: 600 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	12555	550	0		31
February	4455	550	0		11
March	0	550	0		0
April	0	550	0		0
May	0	550	0		0
June	0	550	0		0
July	0	550	0		0
August	0	550	0		0
September	0	550	0		0
October	0	550	0		0
November	0	550	0		0
December	6480	550	0		15
TOTAL	23490		0		

Submitted Electronically