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: ISERN
Well Number: 8

API No.: 15-009-25258-00-00
Permit No: D30367.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - SW Sec. 25 Twp. 19 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
875 feet from ☐ N / ☑ S Line of Section
3745 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 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	46500	0	0		31
February	43500	0	0		29
March	46500	0	0		31
April	45000	0	0		30
May	46500	0	0		31
June	36200	0	0		30
July	33000	0	0		22
August	46500	0	0		31
September	45000	0	0		30
October	46500	0	0		31
November	45000	0	0		30
December	46500	0	0		31
TOTAL	526700		0		

Submitted Electronically