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: MILLER A
Well Number: 2

API No.: 15-047-20490-00-01
Permit No: E24746.5
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - SW - NW Sec. 26 Twp. 26 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
3106 feet from ☐ N / ☑ S Line of Section
4634 feet from ☑ E / ☐ W Line of Section
County: Edwards

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: 1750 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 700 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	0	250	0		0
February	0	250	0		0
March	0	250	0		0
April	0	250	0		0
May	0	250	0		0
June	0	250	0		0
July	0	250	0		0
August	0	250	0		0
September	0	250	0		0
October	0	250	0		0
November	0	250	0		0
December	0	250	0		0
TOTAL	0		0		

Submitted Electronically