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: HARRINGTON
Well Number: 10

API No.: 15-009-23083-00-00
Permit No: D22050.0
Reporting Year: 2022
(January 1 to December 31)

____ - SW - SW - SE Sec. 29 Twp. 16 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
396 feet from ☐ N / ☑ S Line of Section
2302 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: 6000 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	1922				31
February	1736				28
March	1922				31
April	1860				30
May	1922				31
June	1860				30
July	1922				31
August	1922				31
September	1860				30
October	1922				31
November	1860				30
December	1922				31
TOTAL	22630		0		

Submitted Electronically