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: SMITH B
Well Number: 1

API No.: 15-171-20178-00-01
Permit No: D19982.0
Reporting Year: 2022
(January 1 to December 31)

____ - ____ - NE - NE Sec. 35 Twp. 19 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
4604 feet from ☐ N / ☑ S Line of Section
656 feet from ☑ E / ☐ W Line of Section
County: Scott

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: 600 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2500 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	372				31
February	336				28
March	192				16
April	360				30
May	300				25
June	360				30
July	372				31
August	372				31
September	360				30
October	372				31
November	360				30
December	372				31
TOTAL	4128		0		

Submitted Electronically