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 # 5039
Name: AGV Corp.
Address 1: 123 N MAIN
Address 2: PO BOX 377
City: ATTICA State: KS Zip: 67009 + 0377
Contact Person: Larry Mans
Phone: (620) 254-7222
Lease Name: NAUGHTON
Well Number: 1

API No.: 15-007-21754-00-01
Permit No: D25431.0
Reporting Year: 2023
(January 1 to December 31)

____ - S2 - SE - SE Sec. 26 Twp. 32 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
329 feet from ☐ N / ☑ S Line of Section
640 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 3000 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	11842	0			31
February	10696	0			28
March	11842	0			31
April	11460	0			30
May	11842	0			31
June	11460	0			30
July	11842	0			31
August	11842	0			31
September	11460	0			30
October	11842	0			31
November	11460	0			30
December	11842	0			31
TOTAL	139430		0		

Submitted Electronically