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: GREEN SWD
Well Number: 1

API No.: 15-007-01613-00-01
Permit No: D30526.0
Reporting Year: 2023
(January 1 to December 31)

____ - ____ - SW - SE Sec. 25 Twp. 33 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
1980 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: 8000 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	5580	0			31
February	5040	0			28
March	5580	0			31
April	5400	0			30
May	5580	0			31
June	5400	0			30
July	5580	0			31
August	5580	0			31
September	5400	0			30
October	5580	0			31
November	5400	0			30
December	5580	0			31
TOTAL	65700		0		

Submitted Electronically