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: HUNT OWWO
Well Number: 7

API No.: 15-191-19037-00-01
Permit No: D20180.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - NW Sec. 16 Twp. 34 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
4208 feet from ☐ N / ☑ S Line of Section
4676 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 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	1860	0			31
February	1680	0			28
March	1860	0			31
April	1800	0			30
May	1860	0			31
June	1800	0			30
July	1860	0			31
August	2260	0			31
September	1800	0			30
October	180	0			31
November	1800	0			30
December	1860	0			31
TOTAL	20620		0		

Submitted Electronically