1284550

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 # 34434
Name: Edison Operating Company LLC
Address 1: 8100 E. 22ND ST. N., BLDG 1900
Address 2:
City: WICHITA State: KS Zip: 67226 + __ __ __ __
Contact Person: Brian McCoy
Phone: (316) 201-1744
Lease Name: BOISSEAU B
Well Number: 1

API No.: 15-033-20110-00-00
Permit No: D16705.0
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - NW - SE Sec. 11 Twp. 31 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1983 feet from ☐ N / ☑ S Line of Section
1967 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 1200 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	8711	325	0		31
February	7868	325	0		28
March	8711	325	0		31
April	8430	325	0		30
May	8711	325	0		31
June	8430	325	0		30
July	8711	325	0		31
August	8711	325	0		31
September	8430	325	0		30
October	8711	325	0		31
November	8430	325	0		30
December	8711	325	0		31
TOTAL	102565		0		

Submitted Electronically