1328064

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 J McCoy
Phone: (316) 201-1744
Lease Name: KNOP
Well Number: 2

API No.: 15-159-19134-00-01
Permit No: D20421.0
Reporting Year: 2016
(January 1 to December 31)

____ - E2 - SE - NW Sec. 31 Twp. 19 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
3302 feet from ☐ N / ☑ S Line of Section
3015 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 5025 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	108500	0	0		31
February	46900	0	0		28
March	51925	0	0		31
April	50250	0	0		30
May	51925	0	0		31
June	50250	0	0		30
July	51925	0	0		31
August	96100	0	0		31
September	93000	0	0		30
October	51925	0	0		31
November	50250	0	0		30
December	51925	0	0		31
TOTAL	754875		0		

Submitted Electronically