1335132

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: BARCLAY
Well Number: 1-3

API No.: 15-185-23846-00-01
Permit No: D32095.0
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SE - NW Sec. 3 Twp. 21 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
1534 feet from ☑ N / ☐ S Line of Section
2216 feet from ☐ E / ☑ W Line of Section
County: Stafford

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	8060	0	0		31
February	7280	0	0		28
March	8060	0	0		31
April	7800	0	0		30
May	8060	0	0		31
June	7800	0	0		30
July	8060	0	0		31
August	8060	0	0		31
September	7800	0	0		30
October	8060	0	0		31
November	7800	0	0		30
December	8060	0	0		31
TOTAL	94900		0		

Submitted Electronically