1335226

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: VAVROCH
Well Number: 6

API No.: 15-039-00595-00-01
Permit No: E13755.4
Reporting Year: 2016
(January 1 to December 31)

____ - ____ - SW - NE Sec. 4 Twp. 4 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
3395 feet from ☐ N / ☑ S Line of Section
1989 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 1400 psi Injection Zone: LANSING-KANSAS CITY
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	4500	250	0		18
February	1500	250	0		6
March	7750	250	0		31
April	7500	250	0		30
May	7750	250	0		31
June	4250	250	0		17
July	7750	250	0		31
August	7750	250	0		31
September	7500	250	0		30
October	7750	250	0		31
November	1500	250	0		6
December	3250	250	0		13
TOTAL	68750		0		

Submitted Electronically