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: David Withrow
Phone: (316) 201-1744
Lease Name: KNOP ETAL
Well Number: 2

API No.: 15-159-20337-00-01
Permit No: D23239.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - SW Sec. 4 Twp. 20 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2922 feet from ☐ N / ☑ S Line of Section
5093 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: 8000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	124	0	0		31
February	112	0	0		28
March	124	0	0		31
April	120	0	0		30
May	124	0	0		31
June	120	0	0		30
July	124	0	0		31
August	124	0	0		31
September	120	0	0		30
October	124	0	0		31
November	120	0	0		30
December	124	0	0		31
TOTAL	1460		0		

Submitted Electronically