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: MLP BLACK
Well Number: 2-3

API No.: 15-081-21061-00-01
Permit No: E28039.3
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - SE Sec. 3 Twp. 30 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
3288 feet from ☐ N / ☑ S Line of Section
3288 feet from ☑ E / ☐ W Line of Section
County: Haskell

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: 1500 psi Injection Zone: CHESTER
Maximum Authorized Injection Rate: 1200 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	552	0	0		31
February	1391	0	0		28
March	1148	0	0		31
April	825	0	0		30
May	1303	0	0		31
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	981	0	0		31
TOTAL	6200		0		

Submitted Electronically