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: WSMU
Well Number: 1-1

API No.: 15-129-21277-00-01
Permit No: E30066.1
Reporting Year: 2017
*(January 1 to December 31)*

____ - ____ - NE - W2 Sec. 16 Twp. 31 S. R. 40 ☐ E ☑ W
*(Q/Q/Q/Q)*
3964 feet from ☐ N / ☑ S Line of Section
1933 feet from ☑ E / ☐ W Line of Section
County: Morton

**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: MORROW
Maximum Authorized Injection Rate: 1500 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 | 5946 | 0 | 0 | | 31 |
| February | 6020 | 0 | 0 | | 28 |
| March | 6260 | 0 | 0 | | 31 |
| April | 6554 | 0 | 0 | | 30 |
| May | 6328 | 0 | 0 | | 31 |
| June | 6780 | 0 | 0 | | 30 |
| July | 7006 | 0 | 0 | | 31 |
| August | 7006 | 0 | 0 | | 31 |
| September | 5087 | 0 | 0 | | 30 |
| October | 5617 | 0 | 0 | | 31 |
| November | 6780 | 0 | 0 | | 30 |
| December | 7006 | 0 | 0 | | 31 |
| ***TOTAL*** | 76390 | | 0 | | |

Submitted Electronically