KOLAR Document ID: 1388052

CORRECTION #1

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: JOSEPHINE
Well Number: 1-15

API No.: 15-081-21064-00-01
Permit No: E28039.2
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - NE Sec. 15 Twp. 30 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
4980 feet from ☐ N / ☑ S Line of Section
2999 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: MORROW, CHESTER
Maximum Authorized Injection Rate: 1200 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	1307	0	0		4
June	4287	0	0		30
July	3981	0	0		31
August	3859	0	0		31
September	3845	0	0		30
October	2532	0	0		31
November	3497	0	0		30
December	1745	0	0		12
TOTAL	25053		0		

Submitted Electronically

Summary of Changes

Lease Name and Number: JOSEPHINE 1-15

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Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/09/2018	02/12/2018
Total Number of Injection Wells Covered By This Permit	1	