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 # 5042
Name: Edmiston Oil Company, Inc.
Address 1: 125 N MARKET STE 1420
Address 2:
City: WICHITA State: KS Zip: 67202 + 1714
Contact Person: JON M CALLEN
Phone: ( 316 ) 265-5241
Lease Name: HICK-OLMSTEAD
Well Number: 4

API No.: 15-103-21225-00-00
Permit No: D26196.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - W2 - E2 - SW Sec. 20 Twp. 8 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
1320 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Leavenworth

**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: HUNTON
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 | 1488 | 0 | | | 31 |
| February | 1344 | 0 | | | 28 |
| March | 1488 | 0 | | | 31 |
| April | 1440 | 0 | | | 30 |
| May | 1488 | 0 | | | 31 |
| June | 1440 | 0 | | | 30 |
| July | 1488 | 0 | | | 31 |
| August | 1488 | 0 | | | 31 |
| September | 1440 | 0 | | | 30 |
| October | 1488 | 0 | | | 31 |
| November | 1440 | 0 | | | 30 |
| December | 1488 | 0 | | | 31 |
| ***TOTAL*** | 17520 | | 0 | | |

Submitted Electronically