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 + 2319
Contact Person: David Withrow
Phone: ( 316 ) 201-1689
Lease Name: KANE
Well Number: 1 WWD

API No.: 15-097-19000-00-00
Permit No: D16006.0
Reporting Year: 2019
*(January 1 to December 31)*

SE - SW - SW - ____ Sec. 17 Twp. 30 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
26 feet from ☐ N / ☑ S Line of Section
4089 feet from ☑ E / ☐ W Line of Section
County: Kiowa

**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: CEDAR HILLS
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 | 2110 | 0 | 0 | 0 | 31 |
| February | 1702 | 0 | 0 | 0 | 28 |
| March | 1632 | 0 | 0 | 0 | 31 |
| April | 1768 | 0 | 0 | 0 | 30 |
| May | 2108 | 0 | 0 | 0 | 31 |
| June | 1054 | 0 | 0 | 0 | 30 |
| July | 1700 | 0 | 0 | 0 | 31 |
| August | 1938 | 0 | 0 | 0 | 31 |
| September | 2040 | 0 | 0 | 0 | 30 |
| October | 2108 | 0 | 0 | 0 | 31 |
| November | 2040 | 0 | 0 | 0 | 30 |
| December | 2006 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 22206 | | 0 | | |

Submitted Electronically