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: WSMU
Well Number: 1-1

API No.: 15-129-21277-00-01
Permit No: E30066.1
Reporting Year: 2019
(January 1 to December 31)

W2 - NE - ____ - ____ 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	6035	0	0	0	31
February	5936	0	0	0	28
March	6035	0	0	0	31
April	3260	0	0	0	30
May	6004	0	0	0	31
June	5719	0	0	0	30
July	5856	0	0	0	31
August	5890	0	0	0	31
September	6060	0	0	0	30
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	50795		0		

Submitted Electronically