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 ) 201-1744
Lease Name: MLP BLACK
Well Number: 2-3

API No.: 15-081-21061-00-01
Permit No: E28039.3
Reporting Year: 2021
*(January 1 to December 31)*

____ - SE - SE - NW Sec. 3 Twp. 30 S. R. 34 ☐ E ☑ W
*(Q/Q/Q/Q)*
3288 feet from ☐ N / ☑ S Line of Section
3288 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: CHESTER
Maximum Authorized Injection Rate: 1200 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 | 1395 | 0 | 0 | 0 | 31 |
| February | 945 | 0 | 0 | 0 | 28 |
| March | 1395 | 0 | 0 | 0 | 31 |
| April | 2200 | 0 | 0 | 0 | 30 |
| May | 1420 | 0 | 0 | 0 | 31 |
| June | 40 | 0 | 0 | 0 | 30 |
| July | 245 | 0 | 0 | 0 | 31 |
| August | 859 | 0 | 0 | 0 | 31 |
| September | 2040 | 0 | 0 | 0 | 30 |
| October | 2170 | 0 | 0 | 0 | 31 |
| November | 2250 | 0 | 0 | 0 | 30 |
| December | 2325 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 17284 | | 0 | | |

Submitted Electronically