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: Scott Lawson
Phone: (316) 265-5241
Lease Name: WATSON
Well Number: 7

API No.: 15-165-20251-00-01
Permit No: D20208.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NW - NE Sec. 1 Twp. 16 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
3982 feet from ☐ N / ☑ S Line of Section
1334 feet from ☑ E / ☐ W Line of Section
County: Rush

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: 500 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	620	0	0	0	31
February	616	0	0	0	28
March	682	0	0	0	31
April	660	0	0	0	30
May	682	0	0	0	31
June	660	0	0	0	30
July	682	0	0	0	31
August	682	0	0	0	31
September	660	0	0	0	30
October	0	0	0	0	31
November	616	0	0	0	30
December	682	0	0	0	31
TOTAL	7242		0		

Submitted Electronically