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: HOFFMAN
Well Number: 1

API No.: 15-185-20409-00-02
Permit No: D17388.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - NW Sec. 22 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2976 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	62620	0	0	0	31
February	56560	0	0	0	28
March	62620	0	0	0	31
April	60600	0	0	0	30
May	62620	0	0	0	31
June	60600	0	0	0	30
July	62620	0	0	0	31
August	62620	0	0	0	31
September	60600	0	0	0	30
October	62620	0	0	0	31
November	60600	0	0	0	30
December	62620	0	0	0	31
TOTAL	737300		0		

Submitted Electronically