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: APPLE GATE
Well Number: 4

API No.: 15-185-01818-00-01
Permit No: D24679.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NE - NE Sec. 35 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4316 feet from ☐ N / ☑ S Line of Section
989 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: 500 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	4340	0	0	0	31
February	3920	0	0	0	28
March	4340	0	0	0	31
April	4200	0	0	0	30
May	4340	0	0	0	31
June	4200	0	0	0	30
July	4340	0	0	0	31
August	4340	0	0	0	31
September	4200	0	0	0	30
October	4340	0	0	0	31
November	4200	0	0	0	30
December	4340	0	0	0	31
TOTAL	51100		0		

Submitted Electronically