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: JON CALLEN
Phone: (316) 265-5241
Lease Name: HICK-OLMSTEAD
Well Number: 4

API No.: 15-103-21225-00-00
Permit No: D26196.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - SW Sec. 20 Twp. 8 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1280 feet from ☐ N / ☑ S Line of Section
3587 feet from ☑ E / ☐ W Line of Section
County: Leavenworth

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: HUNTON
Maximum Authorized Injection Rate: 1000 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	1519	0	0		31
February	1372	0	0		28
March	1519	0	0		31
April	1470	0	0		30
May	1519	0	0		31
June	1470	0	0		30
July	1519	0	0		30
August	1519	0	0		30
September	1470	0	0		30
October	1519	0	0		30
November	1470	0	0		30
December	1519	0	0		30
TOTAL	17885		0		

Submitted Electronically