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: 9342 E CENTRAL AVE STE A
Address 2:
City: WICHITA State: KS Zip: 67206 + 2573
Contact Person: David Withrow
Phone: (316) 201-1744
Lease Name: SIMONSON A
Well Number: 2

API No.: 15-175-10110-00-01
Permit No: D24339.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - NE Sec. 35 Twp. 33 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
4631 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Seward

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: 1000 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	350	0	0	0	30
May	350	0	0	0	31
June	350	0	0	0	30
July	350	0	0	0	31
August	350	0	0	0	31
September	350	0	0	0	30
October	350	0	0	0	31
November	350	0	0	0	30
December	350	0	0	0	31
TOTAL	3150		0		

Submitted Electronically