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: PIERCE
Well Number: 4-27

API No.: 15-033-21339-00-01
Permit No: D34269.0
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NW - SW Sec. 27 Twp. 32 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2475 feet from ☐ N / ☑ S Line of Section
4567 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 1000 psi Injection Zone: LANSING-KANSAS CITY
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	1025	0	0	0	30
May	1085	0	0	0	31
June	1050	0	0	0	30
July	1085	0	0	0	31
August	1085	0	0	0	31
September	1050	0	0	0	30
October	805	0	0	0	31
November	595	0	0	0	30
December	1085	0	0	0	31
TOTAL	8865		0		

Submitted Electronically