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: MARTIN
Well Number: 1-14

API No.: 15-075-01002-00-01
Permit No: D26955.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - SE - SE Sec. 14 Twp. 22 S. R. 41 ☐ E ☑ W
(Q/Q/Q/Q)
697 feet from ☐ N / ☑ S Line of Section
649 feet from ☑ E / ☐ W Line of Section
County: Hamilton

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: 2000 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	8156	0	0	0	31
February	7285	0	0	0	28
March	7892	0	0	0	31
April	7829	0	0	0	30
May	7185	0	0	0	31
June	4355	0	0	0	30
July	5283	0	0	0	31
August	6366	0	0	0	31
September	6980	0	0	0	30
October	3871	0	0	0	31
November	7840	0	0	0	30
December	8106	0	0	0	31
TOTAL	81148		0		

Submitted Electronically