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: ALLENDER
Well Number: 2-26

API No.: 15-185-24156-00-00
Permit No: D34498.0
Reporting Year: 2025
*(January 1 to December 31)*

SW - SE - NE - NW Sec. 26 Twp. 24 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
1224 feet from ☑ N / ☐ S Line of Section
2209 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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 7000 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 | 250 | 0 | 0 | 0 | 31 |
| February | 250 | 0 | 0 | 0 | 28 |
| March | 250 | 0 | 0 | 0 | 31 |
| April | 250 | 0 | 0 | 0 | 30 |
| May | 250 | 0 | 0 | 0 | 31 |
| June | 250 | 0 | 0 | 0 | 30 |
| July | 250 | 0 | 0 | 0 | 31 |
| August | 250 | 0 | 0 | 0 | 31 |
| September | 250 | 0 | 0 | 0 | 30 |
| October | 250 | 0 | 0 | 0 | 31 |
| November | 250 | 0 | 0 | 0 | 30 |
| December | 250 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 3000 | | 0 | | |

Submitted Electronically