KOLAR Document ID: 1893814

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: 300 W DOUGLAS AVE STE 410
Address 2:
City: WICHITA State: KS Zip: 67202 + 2903
Contact Person: JON M CALLEN
Phone: ( 316 ) 265-5241
Lease Name: HARTSHORN
Well Number: 1

API No.: 15-095-21577-00-03
Permit No: D25301.0
Reporting Year: 2025
*(January 1 to December 31)*

____ - SW - NE - NE Sec. 36 Twp. 29 S. R. 9 ☐ E ☑ W
*(Q/Q/Q/Q)*
4460 feet from ☐ N / ☑ S Line of Section
944 feet from ☑ E / ☐ W Line of Section
County: Kingman

**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: 150 psi Injection Zone: ARBUCKLE,MISSISSIPPIAN CHAT
Maximum Authorized Injection Rate: 3000 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 | 14477 | | | | 31 |
| February | 5951 | | | | 28 |
| March | 14477 | | | | 31 |
| April | 14010 | | | | 30 |
| May | 0 | | | | 31 |
| June | 14010 | | | | 30 |
| July | 14477 | | | | 31 |
| August | 14477 | | | | 31 |
| September | 14010 | | | | 30 |
| October | 14477 | | | | 31 |
| November | 14010 | | | | 30 |
| December | 14477 | | | | 31 |
| ***TOTAL*** | 148853 | | 0 | | |

Submitted Electronically