



**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 # \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Lease Name: \_\_\_\_\_  
 Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_  
 Permit No.: \_\_\_\_\_  
 Reporting Year: \_\_\_\_\_  
 (January 1 to December 31)  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  E  W  
 (a/a/a/a)  
 \_\_\_\_\_ feet from  N /  S Line of Section  
 \_\_\_\_\_ feet from  E /  W Line of Section  
 County: \_\_\_\_\_

**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: \_\_\_\_\_ psi Injection Zone: \_\_\_\_\_  
 Maximum Authorized Injection Rate: \_\_\_\_\_ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

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OIL PRODUCTION CHEMICALS

Rural Route 2, Box 66-B • Great Bend, Kansas 67530

WATER ANALYSIS

DATE August 2, 1985

TO Bartling Oil

1. 2. 3.

Coakes SWD #1

	1.	2.	3.	
Specific Gravity	1.128			Milligrams per liter
Chlorides	113,200			Milligrams per liter
Calcium	5,200			Milligrams per liter
Magnesium	1,480			Milligrams per liter
Sulfates	2,140			Milligrams per liter
Bicarbonates	98			Milligrams per liter
Iron	5			Milligrams per liter
Hydrogen Sulfide	0			Milligrams per liter
Barium	0			Milligrams per liter
pH	6.2			
Sulfate Reducing Bacteria				
Sodium	65,593			
Total Dissolved Solids	187,711			

RESPECTFULLY SUBMITTED

cc: Jerry Roberts  
Liberal, Kansas

BY Judy Manning  
Judy Manning

To Convert to parts per million, divide by specific gravity.