

Reporting Period Jan. 1984 to Dec. 1984

STATE CORPORATION COMMISSION  
CONSERVATION DIVISION - UIC SECTION  
200 COLORADO DERBY BUILDING  
WICHITA, KANSAS 67202

DOCKET NO. CR-5786 [C-19,353]  
KCC KDHE

SE/4 SEC 22, T 14 S, R 22 [] West  
[] East

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Leeker Well# 3  
(if battery of wells, attach list with  
locations)

Feet from N/S section line 2125

Feet from N/E section line 2740

Operator License Number 6540

Field Gardner

Operator:  
Name & Address Jack W. Sanders  
R.R.# 2 Box 189-C  
Wellsville, Kansas 66092

County Johnson

Disposal [] or Enhanced Recovery []

Contact Person Jack W. Sanders  
Phone 913-883-2384

Person (s) responsible for monitoring well Jack W. Sanders  
Was this well/project reported last year? [] yes [] no  
List previous operator if new operator \_\_\_\_\_

I. INJECTION FLUID:

Type: Source: Quality:  
[] fresh water [] produced water Total dissolved solids \_\_\_\_\_ ppm/mgm/liter  
[] brine treated other: \_\_\_\_\_ Additives \_\_\_\_\_  
[] brine untreated \_\_\_\_\_ (attach water analysis, if available)  
[] water/brine mixture \_\_\_\_\_

TYPE COMPLETION:

[] tubing & packer packer setting depth \_\_\_\_\_ feet.  
[] packerless (tubing-no packer) Maximum authorized pressure 650 psi.  
[] tubingless (no tubing) Maximum authorized rate 80 bbl/day.

Month	Total Fluid Injected in Month (bbl)	Days of Injection	Maximum Injection Pressure	Average Injection Pressure	Aver. Pressure Tubing to Casing Annulus	Pressure psig Casing to Surf. Pipe
Jan.	_____	_____	_____	_____	_____	_____
Feb.	_____	_____	_____	_____	_____	_____
Mar.	_____	_____	_____	_____	_____	_____
Apr.	_____	_____	_____	_____	_____	_____
May	<u>343</u>	<u>20</u>	_____	_____	_____	_____
June	<u>610</u>	<u>30</u>	_____	_____	_____	_____
July	<u>591</u>	<u>31</u>	_____	_____	_____	_____
Aug.	<u>548</u>	<u>31</u>	_____	_____	_____	_____
Sept.	<u>543</u>	<u>30</u>	_____	_____	_____	_____
Oct.	<u>561</u>	<u>31</u>	_____	_____	_____	_____
Nov.	<u>547</u>	<u>30</u>	_____	_____	_____	_____
Dec.	<u>580</u>	<u>31</u>	_____	_____	_____	_____

Well tests and the results during reporting period:

\*For disposal wells complete page 1 plus section IV page 2.  
For enhanced recovery wells (repressuring, secondary, tertiary) complete both pages.  
Prepare one form for each injection well (SWD and ER) but only one report of  
Section II and III for each docket (project).