

Reporting Period Jan. 1984 to Dec. 1984

TO:
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
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 6540

Operator:

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

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

Lease Name Leeker Well# 1
(if battery of wells, attach list with
locations)

Feet from W/S section line 600

Feet from W/E section line 1290

Field Gardner

County Johnson

Disposal [] or Enhanced Recovery [X]

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

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[X] 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.	<u>713</u>	<u>31</u>				
Feb.	<u>649</u>	<u>29</u>				
Mar.	<u>655</u>	<u>30</u>				
Apr.	<u>636</u>	<u>30</u>				
May	<u>644</u>	<u>31</u>				
June	<u>601</u>	<u>30</u>				
July	<u>612</u>	<u>31</u>				
Aug.	<u>614</u>	<u>31</u>				
Sept.	<u>626</u>	<u>30</u>				
Oct.	<u>646</u>	<u>31</u>				
Nov.	<u>611</u>	<u>30</u>				
Dec.	<u>617</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).

12/83 Form U3C

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200 COLORADO DERBY BUILDING
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DOCKET NO. CR-5786 [19,353]
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X SE/4 SEC 22, T 14 S, R 22 [] West
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Leeker Well# Old #1
(if battery of wells, attach list with
locations)

Feet from N/S section line 216

Operator License Number 6540

Feet from W/E section line 1900

Operator:

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

Field Gardner

County Johnson

Contact Person Jack W. Sanders

Phone 913-883-2384

Disposal [] or Enhanced Recovery [X]

Person (s) responsible for monitoring well Jack W. Sanders

Was this well/project reported last year? [X] yes [] no

List previous operator if new operator _____

I. INJECTION FLUID:

Type:

[] fresh water

[] brine treated

[X] brine untreated

[] water/brine mixture

Source:

[X] produced water

other: _____

Quality:

Total dissolved solids _____ ppm/mgm/liter

Additives _____

(attach water analysis, if available)

TYPE COMPLETION:

[] tubing & packer

[X] packerless (tubing-no packer)

[] tubingless (no tubing)

packer setting depth _____ feet.

Maximum authorized pressure 650 psi.

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.	<u>106</u>	<u>28</u>				
Feb.	<u>199</u>	<u>27</u>				
Mar.	<u>226</u>	<u>29</u>				
Apr.	<u>183</u>	<u>30</u>				
May	<u>87</u>	<u>11</u>				
June	<u>1</u>	<u>1</u>				
July	<u>93</u>	<u>13</u>				
Aug.	<u>46</u>	<u>13</u>				
Sept.	<u>1</u>	<u>1</u>				
Oct.	<u>0</u>	<u>0</u>				
Nov.	<u>48</u>	<u>13</u>				
Dec.	<u>23</u>	<u>6</u>				

Well tests and the results during reporting period:

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Prepare one form for each injection well (SWD and ER) but only one report of
Section II and III for each docket (project).

12/83 Form U3C

Project _____ DOCKET # CK-5786 [C-19,353] for _____

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

[☒] Controlled waterflood [W]
[☐] Pressure maintenance [P]
[☐] Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

[☐] Steam Flood [S] [☐] Fire Flood [F] [☐] Surfactant Chemical Flood [C]
[☐] CO2 Injection [O] [☐] Air Injection [A] [☐] N2 Injection [N]
[☐] Natural Gas Injection [G] [☐] Polymer/Micellar Flood [P] [☐] Other

Oil Producing Zone:

Name: Bartlesville Depth 830 feet. Average Thickness 7 feet.

Oil Gravity 23 API

Production wells from this docket:

- a. Total number producing during reporting year 16.
b. Number drilled in reporting year 2.
c. Number abandoned in reporting year 0.
d. Total number of injection wells assisting production this project 4.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	Current Year	Cumulative
A. Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	<u>1013</u>	<u>NA</u>
B. Gas or air injected into producing zone (MCF)	<u>7.2</u>	<u>24.0</u>
C. Oil production from project area (BBLS) (Total)	<u>7214.70</u>	<u>23,927.64</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>4689.55</u>	<u>4.7</u>
E. Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	_____	_____

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 1/31/85

Signature Jack W. Sanders

Name Jack W. Sanders

Title Owner

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.