

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

DOCKET NO. C-18,295 [107,787-C]
 KCC KDHE

NE/4 SEC 23, T 16 S, R 21 [] West
 [X] East

ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Huffman Well# 1-F
 (if battery of wells, attach list with
 locations)
 Feet from N/S section line 125

Operator License Number 6540

Feet from N/E section line 425

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

Field Paola-Rantoul

County Miami

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? [] 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 625 psi.
 [] tubingless (no tubing) Maximum authorized rate 35 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>310</u>	<u>31</u>				
Feb.	<u>290</u>	<u>29</u>				
Mar.	<u>310</u>	<u>31</u>				
Apr.	<u>300</u>	<u>30</u>				
May	<u>310</u>	<u>31</u>				
June	<u>300</u>	<u>30</u>				
July	<u>310</u>	<u>31</u>				
Aug.	<u>310</u>	<u>31</u>				
Sept.	<u>300</u>	<u>30</u>				
Oct.	<u>310</u>	<u>31</u>				
Nov.	<u>300</u>	<u>30</u>				
Dec.	<u>310</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).