

Reporting Period 1984

E-20,995

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

DOCKET NO. CR 18227 KCC →

KDHE

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERYOperator License Number 5115

Operator: **REESE EXPLORATION, INC.**
 Name & P. O. BOX 11598
 Address KANSAS CITY, MO 64136

Contact Person D. Erickman
 Phone 816-356-1970

Person (s) responsible for monitoring well
 Was this well/project reported last year? Yes No
 List previous operator if new operator _____

SEC 24, T 16, S, R 21 West East

Lease Name Canyon Well# 17-77
 (if battery of wells, attach list with locations)

Feet from N/E section line 1540Feet from S/W section line 1100Field Solana MountainCounty MiamiDisposal for Enhanced Recovery

I. INJECTION FLUID:

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

TYPE COMPLETION:

tubing & packer packer setting depth _____ feet.
 packerless (tubing-no packer) Maximum authorized pressure 300 psi.
 tubingless (no tubing) Maximum authorized rate 30 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>200</u>	<u>31</u>	<u>300</u>	<u>275</u>	<u>0</u>	<u>N/A</u>
Feb.	<u>180</u>	<u>28</u>				
Mar.	<u>185</u>	<u>31</u>				
Apr.	<u>175</u>	<u>30</u>				
May	<u>180</u>	<u>31</u>				
June	<u>185</u>	<u>30</u>				
July	<u>190</u>	<u>31</u>				
Aug.	<u>185</u>	<u>31</u>				
Sept.	<u>180</u>	<u>30</u>				
Oct.	<u>190</u>	<u>31</u>				
Nov.	<u>185</u>	<u>30</u>				
Dec.	<u>190</u>	<u>31</u>				

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Well tests and the results during reporting period:

JAN 31 1985

*For disposal wells complete page 1 plus section D page 2.

CONSERVATION DIVISION

Wichita, Kansas

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 B and C for each docket (project).

12/83 Form U3C

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 [] Other
 Flood [P]

Oil Producing Zone:

Name: Seneca Depth 675 feet. Average Thickness _____ feet.Oil Gravity 29 API

Production wells from this docket:

- Total number producing during reporting year 41.
- Number drilled in reporting year 0.
- Number abandoned in reporting year 0.
- Total number of injection wells assisting production this project 1.

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>2229</u>	<u>6592</u>
B. Gas or air injected into producing zone (MCF)		
C. Oil production from project area (BBLS) (Total)	<u>3391 3.4</u>	<u>9579</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>80%</u>	<u>9.6</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.		<u>7.7</u>

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 1-15-85Signature Patricia Eudow

Name _____

Title Bookkeeper

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.