

Reporting Period 1984

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

DOCKET NO. C-5762 [C-55331]
KCC KDHE

SEC 34, T 16, S, R 25 [] West
[☒] East

Lease Name Shulteis Well# 27
(if battery of wells, attach list with locations)

Feet from N/8 section line 100

Feet from W/8 section line 775

Field Louisburg

County Michigan

Disposal [] or Enhanced Recovery []

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5115

Operator:
Name & Address **REESE EXPLORATION, INC.**
P. O. BOX 11598
KANSAS CITY, MO 64138

Contact Person Patricia Schuman
Phone 816-356-1970

Person (s) responsible for monitoring well Charles Howard
Was this well/project reported last year? [☒] yes [] no
List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[☒] packerless (tubing-no packer) Maximum authorized pressure 950 psi.
[] tubingless (no tubing) Maximum authorized rate 400 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>418</u>	<u>31</u>	<u>350</u>	<u>345</u>	<u>0</u>	<u>N/A</u>
Feb.	<u>412</u>	<u>29</u>				
Mar.	<u>408</u>	<u>31</u>				
Apr.	<u>414</u>	<u>30</u>				
May	<u>421</u>	<u>31</u>				
June	<u>423</u>	<u>30</u>				
July	<u>427</u>	<u>31</u>				
Aug.	<u>430</u>	<u>31</u>				
Sept.	<u>424</u>	<u>30</u>				
Oct.	<u>431</u>	<u>31</u>				
Nov.	<u>429</u>	<u>30</u>				
Dec.	<u>426</u>	<u>31</u>				

RECEIVED
STATE CORPORATION COMMISSION
JAN 31 1985

Well tests and the results during reporting period:

CONSERVATION DIVISION
Wichita, Kansas

*For disposal wells complete page 1 plus section D 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 B and C for each docket (project).

12/83 Form U3C