

Reporting Period 1984

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

DOCKET NO. C 5762 C 55531

KCC

KDHE

[ ] West  
[X] EastANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERYOperator License Number 51K5

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

Contact Person Walt Gukwa  
 Phone 816-356-1970

Lease Name Johnstid Well# 13  
 (if battery of wells, attach list with  
 locations)

Feet from N/W section line 1100Feet from W/E section line 1500Field LeisingCounty Wabaunsee

Disposal [ ] or Enhanced Recovery [ ]

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

## I. INJECTION FLUID:

Type:  fresh water  produced water  other: \_\_\_\_\_ Quality: Total dissolved solids \_\_\_\_\_ ppm/mgm/liter  
 brine treated  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 350 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>404</u>	<u>31</u>	<u>350</u>	<u>345</u>	<u>0</u>	<u>114</u>
Feb.	<u>394</u>	<u>29</u>				
Mar.	<u>400</u>	<u>31</u>				
Apr.	<u>392</u>	<u>30</u>				
May	<u>405</u>	<u>31</u>				
June	<u>407</u>	<u>30</u>				
July	<u>410</u>	<u>31</u>				
Aug.	<u>409</u>	<u>31</u>				
Sept.	<u>411</u>	<u>30</u>				
Oct.	<u>415</u>	<u>31</u>				
Nov.	<u>413</u>	<u>30</u>				
Dec.	<u>416</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