

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 KDHESEC 34, T 16 S, R 25 [☐] West
[☒] EastANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERYLease Name Schulteis Well# 17
(if battery of wells, attach list with
locations)Feet from N/W section line 12.00Operator License Number 5115Feet from E section line 600

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

Field LouisburgCounty Miami

Disposal[] or Enhanced Recovery[]

Contact Person Patricia Erickson
Phone 816-350-1970

Person (s) responsible for monitoring well Charles HowardWas this well/project reported last year? [☒] Yes [] No

List previous operator if new operator _____

I. INJECTION FLUID:

Type: Source: Quality:
[] fresh water [☒] produced water Total dissolved solids _____ ppm/mgm/liter
[] brine treated other: _____ Additives _____
[] brine untreated (attach water analysis, if available)
[☒] 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>425</u>	<u>31</u>	<u>350</u>	<u>345</u>	<u>0</u>	<u>N/A</u>
Feb.	<u>419</u>	<u>29</u>				
Mar.	<u>423</u>	<u>31</u>				
Apr.	<u>427</u>	<u>30</u>				
May	<u>431</u>	<u>31</u>				
June	<u>428</u>	<u>30</u>				
July	<u>434</u>	<u>31</u>				
Aug.	<u>441</u>	<u>31</u>				
Sept.	<u>437</u>	<u>30</u>				
Oct.	<u>436</u>	<u>31</u>				
Nov.	<u>445</u>	<u>30</u>				
Dec.	<u>448</u>	<u>31</u>				

Well tests and the results during reporting period:

RECEIVED
CORPORATION COMMISSION
JAN 31 1985
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.

Pre are one form for each injection well (SWD and ER) but only one report of Section B
and 2 for each docket (project).

12/83 Form U3C