

Reporting Period 1984

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

DOCKET NO. C18249 [107498-C]
KCC KDHE

SEC 3, T 17 S, R 25 [] West
[X] East

Lease Name Pagers Well# 4
(if battery of wells, attach list with locations)

Feet from N/8 section line 975

Feet from W/2 section line 400

Field Leitchburg Shresting

County Wichita

Disposal [] or Enhanced Recovery []

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5115

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

Contact Person Dr. Eric L. Lauer
Phone 816-256-0197

Person (s) responsible for monitoring well Charles Howard
Was this well/project reported last year? [X] 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 _____
[] brine untreated (attach water analysis, if available)
[X] water/brine mixture

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[X] packerless (tubing-no packer) Maximum authorized pressure 400 psi.
[] tubingless (no tubing) Maximum authorized rate 1200 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>1003</u> | <u>31</u> | <u>400</u> | <u>390</u> | <u>0</u> | <u>N/A</u> |
| Feb. | <u>995</u> | <u>29</u> | | | | |
| Mar. | <u>1006</u> | <u>31</u> | | | | |
| Apr. | <u>1015</u> | <u>30</u> | | | | |
| May | <u>1023</u> | <u>31</u> | | | | |
| June | <u>1017</u> | <u>30</u> | | | | |
| July | <u>1026</u> | <u>31</u> | | | | |
| Aug. | <u>1019</u> | <u>31</u> | | | | |
| Sept. | <u>1021</u> | <u>30</u> | | | | |
| Oct. | <u>1027</u> | <u>31</u> | | | | |
| Nov. | <u>1020</u> | <u>30</u> | | | | |
| Dec. | <u>1017</u> | <u>31</u> | | | | |

RECEIVED
STATE CORPORATION COMMISSION

Well tests and the results during reporting period:

JAN 31 1985

*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