

Reporting Period 1984

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

DOCKET NO. C18249 [1074190-C]
KCC KDHEANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERYOperator License Number 5115

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

Contact Person Donna E. Johnson
 Phone 816-356-01970

Person (s) responsible for monitoring well

Was this well/project reported last year? Yes No

List previous operator if new operator

SEC 3, T 17, S, R 25 [] West
[] EastLease Name Rogers
Well# 4
(if battery of wells, attach list with
locations)Feet from N/S section line 975Feet from W/E section line 400Field Linckburg ShaleCounty FinneyDisposal [for Enhanced Recovery]

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 400 psi.
 tubingless (no tubing) Maximum authorized rate 600 bbl/day.

Month	Total Fluid Injected in Month (bbl)	Days of Injection	Maximum Injection Pressure	Average Injection Pressure	Aver. Pressure Tubing to Casing	Pressure psig Casing to Surf. Pipe
Jan.	<u>100.3</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

CONSERVATION DIVISION

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