

Reporting Period 1-1-84 to 1-1-85

OK

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

DOCKET NO. E6421 [] West
KCC KDHE [x] East

X

SEC 35, T 21 S, R 19 [] West
[x] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name CAMERON Well# 1 I 8 2
(if battery of wells, attach list with
locations)

Feet from N/S section line 2960

Operator License Number 5499

Feet from W/E section line 1830

Operator: BRECHEISEN Oil Co.
Name & Box 40
Address GARNETT, KS 66032

Field Weld 2

County ANDERSON

Contact Person A W BRECHEISEN
Phone 913-448-6952

Disposal [] or Enhanced Recovery [x]

Person (s) responsible for monitoring well VERNON HUNT
Was this well/project reported last year? [] yes [x] 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:

[x] tubing & packer packer setting depth 806 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 750 psi.
[] tubingless (no tubing) Maximum authorized rate 50 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>310</u>	<u>31</u>				
Feb.	<u>280</u>	<u>28</u>				
Mar.	<u>310</u>	<u>31</u>				
Apr.	<u>300</u>	<u>30</u>				
May	<u>310</u>	<u>31</u>				
June	<u>300</u>	<u>30</u>				
July	<u>310</u>	<u>31</u>				
Aug.	<u>310</u>	<u>31</u>				
Sept.	<u>300</u>	<u>30</u>				
Oct.	<u>310</u>	<u>31</u>				
Nov.	<u>300</u>	<u>30</u>				
Dec.	<u>310</u>	<u>31</u>				

RECEIVED
STATE CORPORATION COMMISSION

FEB 08 1985

Well tests and the results during reporting period:

CONSERVATION DIVISION
Wichita, Kansas

*For disposal wells complete page 1 plus section IV 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 II and III for each docket (project).

12/83 Form U3C

