

Reporting Period 1984

DOCKET NO. B-5004 [] West [X] East
KCC KDHE

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

X SW/4 SEC 32, T 21 S, R 11 [] West [X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name BYRD Well# 3
(if battery of wells, attach list with locations)

Operator License Number 6470

Feet from N/S section line 990

Feet from W/E section line 2310

Operator: SCHANKIE WELL SERVICE, INC
Name & Address Box 18
MADISON, KS 66860

Field ROCK CREEK

County LYON

Disposal [] or Enhanced Recovery [X]

Contact Person CLIFF SCHANKIE
Phone 316-437-2595

Person (s) responsible for monitoring well CLIFF SCHANKIE
Was this well/project reported last year? [X] yes [] no
List previous operator if new operator _____

I. INJECTION FLUID:

Type: [] fresh water [X] brine treated [] brine untreated [] water/brine mixture
Source: [X] produced water other: _____
Quality: Total dissolved solids _____ ppm/mgm/liter
Additives _____
(attach water analysis, if available)

TYPE COMPLETION:

[X] tubing & packer packer setting depth 1587 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 100 psi.
[] tubingless (no tubing) Maximum authorized rate 300 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>930</u>	<u>31</u>	<u>50</u>	<u>20</u>	<u>0</u>	<u>0</u>
Feb.	<u>900</u>	<u>28</u>				
Mar.	<u>930</u>	<u>31</u>				
Apr.	<u>900</u>	<u>30</u>				
May	<u>930</u>	<u>31</u>				
June	<u>900</u>	<u>30</u>				
July	<u>930</u>	<u>31</u>				
Aug.	<u>930</u>	<u>31</u>				
Sept.	<u>900</u>	<u>30</u>				
Oct.	<u>930</u>	<u>31</u>				
Nov.	<u>900</u>	<u>30</u>				
Dec.	<u>930</u>	<u>31</u>	<u>50</u>	<u>20</u>	<u>0</u>	<u>0</u>

*Well tests and the results during reporting period:

*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 B and C for each docket (project).

Project SEC REC DOCKET # C-5004 [] for 198 4

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

- Controlled waterflood [W]
 Pressure maintenance [P]
 Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

- Steam Flood [S] Fire Flood [F] Surfactant Chemical Flood [C]
 CO2 Injection [O] Air Injection [A] N2 Injection [N]
 Natural Gas Injection [G] Polymer/Micellar Flood [P] Other

Oil Producing Zone:

Name: CATTLEMAN Depth 1900 feet. Average Thickness 17 feet.

Oil Gravity 37 API

Production wells from this docket:

- a. Total number producing during reporting year 2.
b. Number drilled in reporting year 0.
c. Number abandoned in reporting year 0.
d. Total number of injection wells assisting production this project 1.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	Current Year	Cumulative
A. Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	<u>11,010</u> ^{11.0}	_____
B. Gas or air injected into producing zone (MCF)	<u>0</u>	_____
C. Oil production from project area (BBLS) (Total)	<u>300</u> ^{0.3}	_____
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>0</u>	_____
E. Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	<u>0</u>	_____

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 2/14/85

Signature Randall Schankie
Name RANDALL SCHANKIE
Title SEC

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.