•	Reportin	ng Period	1984			4
CONSERV 200 COL	CORPORATION CO /ATION DIVISIO .ORADO DERBY 8 A, KANSAS 6720	ON - UIC SEC BUILDING	TION	Ĭ	- 53,712- C (CC,7	[
ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY				Lease Name <u>Unit 3</u> Well# W-27 (if battery of wells, attach list with locations) Feet from XXS section line 4310		
Operator License Number 5096				Feet from XXE section line 3320'		
	or:James E.		Petr., Ind	Field We	elda	
Name & 536 N. Highland Address Chanute, Kansas 66720				County_ Anderson		
Contact Person G. Bob Barnett Phone (316) 431-2650				Disposal[]or Enhanced Recovery[x		
Was thi	(s) responsit is well/projec revious operat	t reported	last year? [Delme x Jyes [er Lorance Jno	
I. INJE	ECTION FLUID:		,			
[X]hi []wa	rine treated rine untreated ater/brine mid	[x]pr other: d	oduced water Miss.	Total dise Additives	olved solids Yes ater analysis, i	ppm/mgm/liter
	OMPLETION:					
[x]tu []pa []tu	ubing & packer ackerless (tub ubingless (no	r ping-no pack tubing)	packer s er) Maximum Maximum	setting depth authorized p authorized	h 813 feet pressure 700 rate 150 bbl	psi /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.	128	31	620	620		630
Feb.	131	_39	620	620		630
Mar.	107	_3]	620	620		<u> </u>
Apr.	134	30	620	620		630
May	434	31	620	450		4.50
June	511	30	580	390		390
July	518	31	610	540		540
Aug.	420	3i	640	590		590
Sept.	309	30	640	630		630
Oct.	277	31	640	630		630
Nov.	<u> </u>	30	620	610		610
Dec.	247	31	620	610		610

Well tests and the results during reporting period:

^{*}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