

Reporting Period 1984

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

DOCKET NO. 74,352-e [E-11,165]
KCC KDHE

X

SEC 26, T 22 S, R 19 [] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Burke Well# W-6
(if battery of wells, attach list with
locations)

Operator License Number 5096

Feet from ~~W/S~~ section line 2660'

Operator: James E. Russell Petr., Inc.
Name & 536 North Highland
Address Chanute, Kansas 66720

Feet from ~~W/E~~ section line 4680'

Field Colony North

County Anderson

Contact Person G. Bob Barnett
Phone (316) 431-2650

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

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[] packerless (tubing-no packer) Maximum authorized pressure 700 psi.
[] tubingless (no tubing) Maximum authorized rate 75 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>487</u>	<u>31</u>	<u>400</u>	<u>380</u>		<u>380</u>
Feb.	<u>470</u>	<u>29</u>	<u>400</u>	<u>380</u>		<u>380</u>
Mar.	<u>504</u>	<u>31</u>	<u>420</u>	<u>390</u>		<u>390</u>
Apr.	<u>507</u>	<u>30</u>	<u>430</u>	<u>400</u>		<u>400</u>
May	<u>611</u>	<u>31</u>	<u>410</u>	<u>400</u>		<u>400</u>
June	<u>547</u>	<u>30</u>	<u>440</u>	<u>410</u>		<u>410</u>
July	<u>401</u>	<u>31</u>	<u>460</u>	<u>430</u>		<u>430</u>
Aug.	<u>512</u>	<u>31</u>	<u>450</u>	<u>420</u>		<u>420</u>
Sept.	<u>610</u>	<u>30</u>	<u>450</u>	<u>430</u>		<u>430</u>
Oct.	<u>328</u>	<u>31</u>	<u>460</u>	<u>450</u>		<u>450</u>
Nov.	<u>318</u>	<u>30</u>	<u>500</u>	<u>480</u>		<u>480</u>
Dec.	<u>731</u>	<u>31</u>	<u>500</u>	<u>480</u>		<u>480</u>

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

FEB 07 1985