

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

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

X \_\_\_\_\_ SEC 28 , T 22 S, R 19 [ ] West  
[ X ] East

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Unit 2 Well# UI-a  
(if battery of wells, attach list with  
locations)  
Feet from ~~NYS~~ section line 1,980.'

Operator License Number 5096

Feet from ~~NYS~~ section line 4,960'

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

Field Colony North

County Anderson

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

Disposal [ ] or Enhanced Recovery [ X ]

Person (s) responsible for monitoring well Delmer Lorance  
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  
[ X ] brine treated other: \_\_\_\_\_ 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.  
[ X ] 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>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>Shut-in</u>	<u>0</u>
Feb.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
Mar.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
Apr.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
May	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
June	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
July	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
Aug.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
Sept.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
Oct.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
Nov.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>
Dec.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</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).