Reporting Period 1-1-84 thru 12-31-84

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

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5150

Operator:
Name & Address MACK C. COLT, INC.
P.O. BOX 388
IOLA, KANSAS 66749

Contact Person DENNIS KERSHNER
Phone (316) 365-3111

DOCKET NO. E-581 KCC [23,528-C KDHE]

SEC 4 & 9, T 22 S, R 21 [ ] West [XX] East

Lease Name COCHRAN Well# 70A
(if battery of wells, attach list with locations)
Feet from [S] section line 5190

Feet from [E] section line 280

Field SELMA UNIT

County ANDERSON

Disposal [ ] or Enhanced Recovery [XXXX]

Person (s) responsible for monitoring well TOM NORMAN, RUSSEL ROSS, VERN WRIGHT
Was this well/project reported last year? [XXXX] yes [ ] no
List previous operator if new operator

I. INJECTION FLUID:

Type:
[ ] fresh water
[XXXX] brine treated
[ ] brine untreated
[ ] water/brine mixture

Source:
[XXXX] produced water
other:

Quality:
Total disolved solids N/A ppm/mgm/liter
Additives Nalco chemical formulation N/A
(attach water analysis, if available)

TYPE COMPLETION:

[ ] tubing & packer
[ ] packerless (tubing-no packer)
[XXXX] tubingless (no tubing)

packer setting depth _____ feet.
Maximum authorized pressure 450 psi.
Maximum authorized rate 150 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.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.	724	30	320	180	NONE	NONE
Oct.	1115	31	320	320	"	"
Nov.	1206	30	0	0	"	"
Dec.	510	31	300	250	"	"

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 II and III for each docket (project).

RECEIVED
STATE CORPORATION COMMISSION
12/83 Form U3C

FEB 04 1985

CONSERVATION DIVISION
Wichita, Kansas

Project SELMA UNIT DOCKET # E-581 [23,528-C] for 198 4

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

[XXX] 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: B'VILLE SAND Depth 750' feet. Average Thickness 20' feet.

Oil Gravity 30 API

Production wells from this docket:

a. Total number producing during reporting year 3.

b. Number drilled in reporting year 2.

c. Number abandoned in reporting year _____.

d. Total number of injection wells assisting production this project 2.

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)	T 7291 3555 7.3	T 7291 3555 7.3
B.	Gas or air injected into producing zone (MCF)	0	0
C.	Oil production from project area (BBLS) (Total)	126 0.1	695 0.7
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	126 0.1	695 0.7
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 combution process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	0	0

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 1-31-85

Signature Mack C. Colt

Name Mack C. Colt

Title President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

12/83 FORM U3C