

Reporting Period 1984

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

DOCKET NO. E-23425]
KCC KDHE

NE 1/4 SEC 24, T 22 S, R 10 [] West [x] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name HORST Well# 1
(if battery of wells, attach list with locations)

Operator License Number 6470

Feet from M/S section line 4950
Feet from W/E section line 330

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

Field DEMALORIE - SOWDER
County GREENWOOD

Contact Person CLIFF SCHANKIE
Phone 316-437-2595

Disposal [] or Enhanced Recovery [x]

Person (s) responsible for monitoring well WALLACE SCHANKIE
Was this well/project reported last year? [] Yes [x] 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 2005 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 340 psi.
[] tubingless (no tubing) Maximum authorized rate 750 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>1550</u>	<u>31</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
Feb.	<u>1400</u>	<u>28</u>				
Mar.	<u>1550</u>	<u>31</u>				
Apr.	<u>1500</u>	<u>30</u>				
May	<u>1550</u>	<u>31</u>				
June	<u>1500</u>	<u>30</u>				
July	<u>1550</u>	<u>31</u>				
Aug.	<u>1550</u>	<u>31</u>				
Sept.	<u>1500</u>	<u>30</u>				
Oct.	<u>1550</u>	<u>31</u>				
Nov.	<u>1500</u>	<u>30</u>				
Dec.	<u>1550</u>	<u>31</u>	<u>200</u>	<u>200</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).

