

Reporting Period January - December 1984

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

X DOCKET NO. 90648-C [E-15851]
KCC KDHE

SEC 10, T 23 S, R 13 [] West
[X] East

Lease Name Schneider Well# 30

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5816

Operator: Gulf Oil Corporation
Name & P.O. Box 12116
Address Oklahoma City, OK 73157

Feet from N/S section line _____

Feet from W/E section line NW/4

Field Virgil, North

County Greenwood

Disposal [] or Enhanced Recovery [X]

Contact Person Mr. J.E. (Jim) Marshall
Phone (405) 949-7000 or 949-7032

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

I. INJECTION FLUID:

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

TYPE COMPLETION:

[X] tubing & packer packer setting depth 1743 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 1700 psi.
[] tubingless (no tubing) Maximum authorized rate 500 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>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Feb.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Mar.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Apr.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
May	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
June	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
July	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Aug.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Sept.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Oct.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Nov.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</u>	<u>0</u>	<u>0</u>
Dec.	<u>0</u>	<u>0</u>	<u>-</u>	<u>-</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 II
and III for each docket (project).

12/83 Form U3C

FEB 21 1985