

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

DOCKET NO. E-15,815 [90,455-C]
KCC KDHE

W/2 SW/4 FC 22, T 23 S, R 18 [] West
COLONY "B" SOUTH UNIT [XX] East

Lease Name (Keown) Well# 13A
(if battery of wells, attach list with locations)

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Feet from VS section line 340

Operator License Number 5150

Feet from W section line 815

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

Field COLONY WEST

County ALLEN

Disposal [] for Enhanced Recovery [XXXXXX]

Contact Person DENNIS KERSHNER
Phone (316) 365-3111

Person (s) responsible for monitoring well Terry Drybread, Charlie Tinsley
Was this well/project reported last year? [XXXX] yes [] no
List previous operator if new operator SAME

I. INJECTION FLUID:

Type: Source: Quality:
[] fresh water [XXXX] produced water Total dissolved solids N/A ppm/mgm/liter
[XXXX] brine treated other: Additives Nalco chemical formulation N/A
[] 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.
[XXXX] tubingless (no tubing) 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.	<u>1704</u>	<u>31</u>	<u>450</u>	<u>410</u>	<u>NONE</u>	<u>NONE</u>
Feb.	<u>1474</u>	<u>28</u>	<u>450</u>	<u>420</u>	<u>"</u>	<u>"</u>
Mar.	<u>1662</u>	<u>31</u>	<u>450</u>	<u>420</u>	<u>"</u>	<u>"</u>
Apr.	<u>1731</u>	<u>30</u>	<u>450</u>	<u>420</u>	<u>"</u>	<u>"</u>
May	<u>1665</u>	<u>31</u>	<u>450</u>	<u>430</u>	<u>"</u>	<u>"</u>
June	<u>1582</u>	<u>30</u>	<u>450</u>	<u>420</u>	<u>"</u>	<u>"</u>
July	<u>1528</u>	<u>31</u>	<u>450</u>	<u>420</u>	<u>"</u>	<u>"</u>
Aug.	<u>1468</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>
Sept.	<u>1815</u>	<u>30</u>	<u>450</u>	<u>430</u>	<u>"</u>	<u>"</u>
Oct.	<u>1873</u>	<u>31</u>	<u>460</u>	<u>430</u>	<u>"</u>	<u>"</u>
Nov.	<u>1556</u>	<u>30</u>	<u>460</u>	<u>430</u>	<u>"</u>	<u>"</u>
Dec.	<u>1442</u>	<u>31</u>	<u>450</u>	<u>430</u>	<u>"</u>	<u>"</u>

32700
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 IR) but only one report of Section B and C for each docket (project).

RECEIVED 12/83 Form U3C
STATE CORPORATION COMMISSION

FEB 04 1985