Reporting Period 1-1-83 thru 12-31-84

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

X

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-15,815 KCC [90,455-C KDHE]

W/2 SW/4 SEC 22, T 23 S, R 18 [ ] West [XX] East
COLONY "B" SOUTH UNIT
Lease Name (Keown) Well# 4A
(if battery of wells, attach list with locations)
Feet from N/S section line 885
Feet from W section line 520
Field COLONY WEST
County ALLEN
Disposal [ ] or Enhanced Recovery [XXXXXX]

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

1. 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 700 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.	1197	31	450	430	NONE	NONE
Feb.	1344	28	450	440	"	"
Mar.	1470	31	450	400	"	"
Apr.	1244	30	450	410	"	"
May	1452	31	450	420	"	"
June	1468	30	450	420	"	"
July	1154	31	450	390	"	"
Aug.	1101	31	450	430	"	"
Sept.	860	30	450	420	"	"
Oct.	825	31	460	430	"	"
Nov.	1589	30	460	430	"	"
Dec.	1356	31	450	445	"	"
	15060					

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

RECEIVED
STATE CORPORATION COMMISSION
FEB 04 1985
CONSERVATION DIVISION
Wichita, Kansas

12/83 Form U3C