

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 SEC 22, T 23 S, R 18 [] West
COLONY "B" SOUTH UNIT [X] East

Lease Name (Keown) Well# 5A
(if battery of wells, attach list with locations)

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Feet from W/S section line 925

Operator License Number 5150

Feet from W section line 740

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

Field COLONY WEST

County ALLEN

Disposal [] or 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: [] fresh water Source: [XXXX] produced water Quality: 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>240</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>NONE</u>	<u>NONE</u>
Feb.	<u>151</u>	<u>28</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>
Mar.	<u>174</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>
Apr.	<u>138</u>	<u>30</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>
May	<u>131</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>
June	<u>118</u>	<u>30</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>
July	<u>148</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>
Aug.	<u>246</u>	<u>31</u>	<u>460</u>	<u>450</u>	<u>"</u>	<u>"</u>
Sept.	<u>190</u>	<u>30</u>	<u>450</u>	<u>440</u>	<u>"</u>	<u>"</u>
Oct.	<u>213</u>	<u>31</u>	<u>460</u>	<u>455</u>	<u>"</u>	<u>"</u>
Nov.	<u>146</u>	<u>30</u>	<u>460</u>	<u>450</u>	<u>"</u>	<u>"</u>
Dec.	<u>145</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>"</u>	<u>"</u>

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

RECEIVED
STATE CORPORATION COMMISSION 12/83 Form U3C

FEB 04 1985