

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

DOCKET NO. E-4401 [49,136-C]
KCC KDHE

S/2-SE/4-SEC 16, T 23, R 18 [] West
[XX] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

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

Feet from N/4 section line 40

Operator License Number 5150

Feet from W/4 section line 280

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

1. 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.					NONE	NONE
Feb.					"	"
Mar.					"	"
Apr.					"	"
May					"	"
June					"	"
July					"	"
Aug.					"	"
Sept.					"	"
Oct.					"	"
Nov.					"	"
Dec.	<u>875</u>	<u>31</u>	<u>450</u>	<u>150</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 rate Corporation Commission report of Section B
and C for each docket (project)).

FEB 04 1985 12/83 Form U3C

CONSERVATION DIVISION
Wichita, Kansas

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

☒ Controlled waterflood [W]
☐ Pressure maintenance [P]
☐ Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

☐ Steam Flood [S] ☐ Fire Flood [F] ☐ Surfactant Chemical Flood [C]
☐ CO2 Injection [O] ☐ Air Injection [A] ☐ N2 Injection [N]
☐ Natural Gas Injection [G] ☐ Polymer/Micellar Flood [P] ☐ Other

Oil Producing Zone:

Name: SQUIRREL SANDSTONE Depth 850 feet. Average Thickness 25 feet.Oil Gravity 32 API

Production wells from this docket:

- a. Total number producing during reporting year 3.
 b. Number drilled in reporting year 2.
 c. Number abandoned in reporting year -0-
 d. Total number of injection wells assisting production this project 1.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	Current Year	Cumulative
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	<u>875</u>	<u>875</u>
B. Gas or air injected into producing zone (MCF)	<u>0</u>	<u>0</u>
C. Oil production from project area (BBLs) (total)	<u>545</u>	<u>11431</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>545</u>	<u>545</u>
E. Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	<u>0</u>	<u>0</u>

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 1-31-85Signature Mack C. ColtName Mack C. ColtTitle President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.