•	Reporting	g Period	1989	<del></del>		
[0:	ORPORATION CO	MMISSION .			CR-5772 [	C-19041 THE
ONSERVA	ATION DIVISION ORADO DERBY BI , KANSAS 6720	N - UIC SECT UILDING	TION	SEC_	3 ,T 23 S,R	19 [X] West East
ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY  Operator License Number 5096				Lease Name Minckley B Well# 23 (if battery of wells, attach list with locations) Feet from MyS section line 1760' Feet from MyE section line 2200'		
Name & 536 N. Highland Address Chanute, Kansas 66720				County Anderson		
_	_	- • -	•	Disposal[	]or Enhanced	Recovery[ X
	Person G. 1 (316) 431		<u></u>			•
Was thi	(s) responsib s well/projec evious operat	t reported	last year? [	Delmer L X Jyes [	orance Jno	
I. INJE	CTION FLUID:		•			
Type: Source: [ ]fresh water [ ]produced water [ X ]brine treated other: Miss. [ ]brine untreated [ ]water/brine mixture				Quality: Total disolved solidsppm/mgm/liter Additives Yes (attach water analysis, if available)		
TYPE CO	MPLETION:					
Γ ]na	ubing & packer ackerless (tub ubingless (no	oing-no pack	er) Maximum	authorized ;	feet. pressure 700 rate 70 bb1/	_psi.
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.	924	31	510	<u>490</u>	•	490
Feb.	631	29	<u>52.0</u>	480_	·	480
Mar.	536_	3[	530	500		500
Apr.	570_		510	500		500
May	427	31	520	475		475
June	38	30	480	460		460
July	535	31	490	470		476
Aug.	449	31	490	. 470		470
Sept.	45a	30	510	490		490
Oct.	652	31	500	480		480
Nov.	584	30	500	480		. 480
Dec.	456	31	580	480		480

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

12/83 Form U3C

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