•	, Reporting	Period1	.984			
CONSERVA	ORPORATION COM ATION DIVISION ORADO DERBY BU , KANSAS 67202	MISSION ' - UIC SECT ILDING		SEC	CR=5772 [/C KD	[] West 19 [X] East
ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY				Lease NameMinckley B Well# W-14 (if battery of wells, attach list with locations) Feet fromXNVS section line 1760'		
Onerato	r License Numb	per 5096		Feet fromXXX	/E section line_	1760'
Operato Name &	r: James E. 536 N. H Chanute,	Russell ighland	Petr., In	cField Co County An Disposal[Recovery[X
Contact Phone	Person G. (316) 431-	Bob Barne 2650	tt	01300301		`
Person Was thi	(s) responsib is well/projec revious operat	le for monit t reported or if new o	perator	. A Jyes t		
I. INJ	ECTION FLUID:					
Type: []f [X]b []b []w	resh water rine treated rine untreated ater/brine mix	Source: []pr other: <u>N</u> ! :ture	oduced water Niss.	Quality: Total diso Additives (attach wa	lved solids Yes ter analysis, if	ppm/mgm/lite
[]t	OMPLETION: ubing & packer ackerless (tuh ubingless (no	ping-no pack tubing)	packer : er) Maximum Maximum	setting depth authorized p authorized r	feet. ressure 700 rate 70 bbl/	psi. /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.	31 _	31	500	500		500
Feb.	1	29	530	510		510
Mar.	0	31	560	520		520
Apr.	0	30	530	510_		510
May	0	31	520	490		490
June	0	30	480	440		440
July	78	31	500	480		480
Aug.	129	31	520	. 480		480
Sept.	530	30	550	530		530
Oct.	542	31	640	570		570
Nov.	382	30	740	580		580
Dec.	507	31	660	530		<u>530</u>

Well tests and the results during reporting period:

12/83 Form U3C

OTATE COMPORTINGS OF MAR TO A

^{*}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).