i .	Reporting	Period 1	984			
TO: STATE CO	ORPORATION CON	MISSION .	TON	DOCKEI NO.	CR=5772 [ CC K	
200 COL	ATION DIVISION ORADO DERBY BU , KANSAS 67202	ILDING	1011	SEC 3 ,T 23 S,R 19 [X] East		
ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY				Lease Name Minckley B Well# W-13 (if battery of wells, attach list with locations) Feet from 和/S section line 880'		
Operato	r License Num	per5096		Feet from X	I/E section line_	2640'
Operato	r: James E. 536 N. Hi Chanute,	Russell I	Petr., In			
vaar 622	\\		• • • •			Recovery[ X ]
Contact Phone	Person G. 1 (316) 431-	3ob Barne 2650	<u>tt</u>	,	-	
Was thi	(s) responsib s well/projec evious operat	t reported	last year?	. X Jyes L	Jorance Jno	
I. INJE	CTION FLUID:					
Type: Source: Quality: [ ]fresh water [ ]produced water Total disolved solidsppm/mgm/lite [ X ]brine treated other: Miss. Additives Yes [ ]brine untreated (attach water analysis, if available) [ ]water/brine mixture						
TYPE CO	MPLETION:					
[ lna	ickerless (tub	ing-no pack	er) Maximum	authorized p	n feet. pressure 700 rate 70 bbl/	ps:
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.	0_	31_	530	520		520
Feb.	4	29	540	510		510
Mar.	0	31	530	520		520
Apr.	0	30	520	500		500
May	0	31	520	495		495
June	0	30	480	465		465
July	0_	31_	510	485		485
Aug.		31	<u>520</u>	480		. 480
Sept	657	30_	560	520		520
Oct.		3	550	540		540
Nov.	751	30	590	540		540
Dec.	656	31	560	520		520
<del>-</del>						•

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).

THE CORPORATION COMMISSION