

Reporting Period 1984

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

DOCKET NO. CR-5772 [E-19041]  
KCC KDHESEC 3, T 23 S, R 19 [☐] West  
[☒] EastANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERYLease Name Minckley B Well# W-12  
(if battery of wells, attach list with  
locations)Feet from N/S section line 1320'Operator License Number 5096Feet from W/E section line 5280'Operator: James E. Russell Petr., Inc. Field Colony Welda  
Name & 536 N. Highland  
Address Chanute, Kansas 66720County AndersonDisposal [☐] or Enhanced Recovery [☒]Contact Person G. Bob Barnett  
Phone (316) 431-2650Person (s) responsible for monitoring well Delmer LorangeWas this well/project reported last year? [☒] yes [☐] no

List previous operator if new operator \_\_\_\_\_

## I. INJECTION FLUID:

Type: Source: Quality:  
[ ☐ ] fresh water [ ☐ ] produced water Total dissolved solids \_\_\_\_\_ ppm/mgm/liter  
[ ☒ ] brine treated other: Miss. Additives Yes  
[ ☐ ] 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.  
[ ☒ ] tubingless (no tubing) Maximum authorized rate 70 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>859</u>	<u>31</u>	<u>550</u>	<u>510</u>		<u>510</u>
Feb.	<u>711</u>	<u>29</u>	<u>520</u>	<u>480</u>		<u>480</u>
Mar.	<u>629</u>	<u>31</u>	<u>550</u>	<u>500</u>		<u>500</u>
Apr.	<u>592</u>	<u>30</u>	<u>530</u>	<u>500</u>		<u>500</u>
May	<u>52</u>	<u>31</u>	<u>550</u>	<u>505</u>		<u>505</u>
June	<u>0</u>	<u>30</u>	<u>510</u>	<u>485</u>		<u>485</u>
July	<u>455</u>	<u>31</u>	<u>500</u>	<u>430</u>		<u>430</u>
Aug.	<u>788</u>	<u>31</u>	<u>470</u>	<u>420</u>		<u>420</u>
Sept.	<u>889</u>	<u>30</u>	<u>530</u>	<u>480</u>		<u>480</u>
Oct.	<u>951</u>	<u>31</u>	<u>560</u>	<u>510</u>		<u>510</u>
Nov.	<u>961</u>	<u>30</u>	<u>570</u>	<u>560</u>		<u>560</u>
Dec.	<u>496</u>	<u>31</u>	<u>640</u>	<u>480</u>		<u>480</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 ER) but only one report of Section B  
and C for each docket (project).

12/83 Form U3C

STATE CORPORATION COMMISSION

FEB 07 1985