	Reporting	Period 198	34			•	_
CONSERVA 200 COLO	ORPORATION COM ATION DIVISION ORADO DERBY BU , KANSAS 67202	- UIC SECT.	10N X		3 ,T 23 S,R		_]
ANNUAL I	REPORT OF PRES NJECTION AND E	SURE MONITO	RING, OVERY	locations)	<pre>//inckley B We of wells, attach //S section line_</pre>		
Operato	r License Numb	oer 5096		Feet from N	Œ section line_	3520'	
Operato Name &	r:James E. 536 N. Hi Chanute,	Russell P ghland	etr., Inc		lony Welda Anderson		
	Person <u>G.</u> (316) 431-2			Disposal[]or Enhanced	Recovery[x	J
Was thi	(s) responsib s well/projec revious operat	t reported	last year? L	Delmer X Jyes [Lorance Jno		_
I. INJE	ECTION FLUID:		•	٠			
וק[] וק[X]	resh water rine treated rine untreated ater/brine mix	other: M:	oduced water	Quality: Total disc Additives (attach wa	olved solids Yes iter analysis, if	ppm/mgm/lite	 er
TYPE CO	OMPLETION:						
ר זה	ubing & packer ackerless (tub ubingless (no	ina-no pa¢k:	er Maximum	authorized 1	feet. pressure 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.	1	3 <u>i</u>	520	500		500	
Feb.	456	29	520	470		470	
Mar.	330	3/	480	450		450	
Apr.	684	30	500	450		450	
May	615	3 <i>i</i>	470	445		445	-
June	694	30	460	435		435	
July	529	31	460	440		440	-
Aug.	623	31	490	. 440		440	-
Sept.	536	_30	630	500		560	-
Oct.	545	31	700	570		570	-
Nov.	62	30	730	600		600	-
_	1	2 '	(70	640		640	_

Well tests and the results during reporting period:

RECEIVED STATE CORPORATION COLAMICSION

^{*}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