| • | | . n 1 - 1 | 100 | 20 C. A | | |
|--|--|---|--|---|--|--|
| TO: | Reporting | g Period | 198 | DOCKET NO. | CR-5772 [CC K | C-19041 |
| STATE CORPORATION COMMISSION CONSERVATION DIVISION - UIC SECTION 200 COLORADO DERBY BUILDING WICHITA, KANSAS 67202 | | | | | 3 ,T 23 S ,R | C 7 11.04 |
| ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY | | | | Lease Name Minckley B Well# 26 (if battery of wells, attach list with locations) Feet from K/S section line 1320' | | |
| Operator License Number 5096 | | | | Feet from W/E section line 2200' | | |
| Operator: James E. Russell Petr., Inc | | | | .Field Colony Welda County Anderson Disposal[]or Enhanced Recovery[X | | |
| Contact Phone | Person G. (316) 431- | Bob Barne 2650 | tt | | | ` |
| Person Was thi List p | (s) responsib is well/projec revious operat | ole for moni t reported or if new o | toring well last year? [perator | Delmer X Jyes L | Lorance Jno | |
| I. INJE | ECTION FLUID: | | | | • | |
| id[X] | resh water rine treated rine untreated ater/brine mi) | []pr other: I | oducad water | Quality: r Total disc Additives (attach w | olved solids Yes ater analysis, i | ppm/mgm/lite |
| TYPE C | OMPLETION: | | | | | |
| ſ ∃n. | ackerless (tul | oina-no pack | er) Maximum | autnorized | n feet pressure 700 rate 70 bbl | hai. |
| 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. | 634 | 3/ | 530 | 490 | | 490 |
| Feb. | 90 | <u> 29</u> | 530 | 480 | | 480 |
| Mar. | | 3/ | 540 | 520 | | 520 |
| Apr. | | <u> 30</u> | 530 | 500 | | 500 |
| May | | 3/ | 590 | 480 | | 480 |
| June | 12 | 30_ | 600 | 455 | | 455 |
| July | 7 | 31 | 510 | 480 | | 480 |
| Aug. | 292 | 31 | 540 | 480 | | . 480 |
| Sept. | 793 | 30_ | 540 | 520 | | 520 |
| Oct. | 923 | 31 | <u>530</u> | 520 | | 520 |
| Nov. | 858 | <u> 30</u> | 540 | 520 | | 520 |
| Doc | 665 | 31 | 540 | 500 | | 500 |

Well tests and the results during reporting period:

-1-

PRECEIVE.

^{*}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).