Reporting Period 1984

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

X

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

DOCKET NO. E 18614 KCC [10,143C KDHE]

[ ] West
SEC 34, T 23 S, R 21 [X] East

Lease Name Rufer Well# 1
(if battery of wells, attach list with locations)
Feet from N/S section line 150
Feet from W/E section line 150
Field Davis - Branson
County Allen
Disposal [ ] or Enhanced Recovery [X]

Operator License Number 5115
Operator: REESE EXPLORATION, INC.
Name & Address P.O. BOX 11593 KANSAS CITY, MO 64138

Contact Person Patty Eichman
Phone 816-356-1970

Person (s) responsible for monitoring well John Curtis
Was this well/project reported last year? [X] yes [ ] no
List previous operator if new operator

I. INJECTION FLUID:

Type:
[ ] fresh water
[ ] brine treated
[ ] brine untreated
[X] water/brine mixture

Source:
[ ] produced water
other:

Quality:
Total disolved solids ppm/mgm/liter
Additives
(attach water analysis, if available)

TYPE COMPLETION:

[ ] tubing & packer
[X] packerless (tubing-no packer)
[ ] tubingless (no tubing)

packer setting depth N/A feet.
Maximum authorized pressure 700 psi.
Maximum authorized rate 50 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.	49	31	700	350	0	N/A
Feb.	26	29				
Mar.	40	31				
Apr.	32	30				
May	47	31				
June	52	30				
July	61	31				
Aug.	58	31				
Sept.	43	30				
Oct.	51	31				
Nov.	38	30				
Dec.	41	31				

Well tests and the results during reporting period:

RECEIVED
STATE CORPORATION COMMISSION
JAN 31 1985
CONSERVATION DIVISION
Wichita, Kansas

*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

Project Ryder DOCKET # C18614 [110,143] for 1984

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

[ ] Controlled waterflood [W]
[X] Pressure maintenance [P]
[ ] Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

[ ] Steam Flood [S] [ ] Fire Flood [F] [ ] Surfactant Chemical Flood [C]

[ ] CO2 Injection [O] [ ] Air Injection [A] [ ] N2 Injection [N]

[ ] Natural Gas Injection [G] [ ] Polymer/Micellar Flood [P] [ ] Other

Oil Producing Zone:

Name: Bartlesville Depth 737 feet. Average Thickness _____ feet.

Oil Gravity 26 API

Production wells from this docket:

a. Total number producing during reporting year 9.

b. Number drilled in reporting year 0.

c. Number abandoned in reporting year 0.

d. Total number of injection wells assisting production this project 1.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

		Current Year	Cumulative
		0.5	1.6
A.	Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	538	1566
B.	Gas or air injected into producing zone (MCF)		
C.	Oil production from project area (BBLS) (Total)		
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)		
E.	Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combution process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.		

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 1-14-85

Signature R Eichman

Name _____

Title Bookkeeper

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

12/83 FORM U3C