Reporting Period 1984

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

DOCKET NO. CR 118111 (KCC) [E 20426 (KDHE)]

SEC 22, T 23 S, R 23 [ ] West [X] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Council II Well# 19-81
(if battery of wells, attach list with locations)
Feet from N/S section line 1835
Feet from W/E section line 1370
Field Unnamed
County Bourbon
Disposal[ ] or Enhanced Recovery[ ]

Operator License Number 5115

Operator:
Name & Address REESE EXPLORATION, INC
P.O. BOX 11598
KANSAS CITY, MO 64138

Contact Person Patty Eichman
Phone 816 356-0970

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:
[X] 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 feet.
Maximum authorized pressure 300 psi.
Maximum authorized rate 200 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.	10	22	300	295	0	N/A
Feb.	Plant Shut Down					
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

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JAN 31 1985
CONSERVATION DIVISION
Wichita, Kansas

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

Project Cromwell II DOCKET # CR118111 [C20426] for 1984

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

[X] Controlled waterflood [W]
[ ] 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 550 feet. Average Thickness _____ feet.

Oil Gravity 28 API

Production wells from this docket:

a. Total number producing during reporting year 17.

b. Number drilled in reporting year 0.

c. Number abandoned in reporting year 0.

d. Total number of injection wells assisting production this project 7.

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
A.	Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	4.4 4369	98.2 98,321
B.	Gas or air injected into producing zone (MCF)		
C.	Oil production from project area (BBLS) (Total)	211 0.2	20472.1
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 1-16-85

Signature [signature]

Name _____

Title Bookkeeper

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

12/83 FORM U3C