

Reporting Period 1984

extra KCC

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

DOCKET NO. CR 98114 20335
KCC KDHE

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

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Chenoweth I Well# 16-81
(if battery of wells, attach list with
locations)

Feet from N/S section line 2590

Operator License Number 5115

Feet from W/E section line 1920

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

Field Unnamed

County Barber

Contact Person Scott Eubank
Phone 816-356-1970

Disposal [] or Enhanced Recovery []

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 [X] brine treated [X] brine untreated [X] water/brine mixture
Source: [X] produced water other: _____
Quality: Total dissolved solids _____ ppm/mgm/liter
Additives _____
(attach water analysis, if available)

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[X] packerless (tubing-no packer) Maximum authorized pressure 300 psi.
[] tubingless (no tubing) 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. | <u>670</u> | <u>22</u> | <u>300</u> | <u>295</u> | <u>0</u> | <u>N/A</u> |
| Feb. | <u>Plant Shut Down</u> | | | | | |
| Mar. | | | | | | |
| Apr. | | | | | | |
| May | | | | | | |
| June | | | | | | |
| July | | | | | | |
| Aug. | | | | | | |
| Sept. | | | | | | |
| Oct. | | | | | | |
| Nov. | | | | | | |
| Dec. | | | | | | |

RECEIVED
STATE CORPORATION COMMISSION

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).

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

- 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: Cromwell Depth 500 feet. Average Thickness _____ feet.

Oil Gravity _____ API

Production wells from this docket:

- a. Total number producing during reporting year 10.
 b. Number drilled in reporting year 0.
 c. Number abandoned in reporting year 0.
 d. Total number of injection wells assisting production this project 5.

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.

| | <u>Current Year</u> | <u>Cumulative</u> |
|--|---------------------------|------------------------------|
| A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year) | <u>3.4</u> <u>3387</u> | <u>65.4</u> <u>65,426</u> |
| B. Gas or air injected into producing zone (MCF) | _____ | _____ |
| C. Oil production from project area (BBLs) (Total) | <u>470.1</u> | <u>2860.3</u> |
| 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 combustion process, but <u>excluding</u> 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 [Signature]

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.