

Reporting Period 1984

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

DOCKET NO. E C-4711 []
KCC KDHE

S/2 & NW/4 26 [] West
& NE/4 SEC 27, T E3S,R 11 [] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name ELLIS UNIT Well# 2L-77
(if battery of wells, attach list with
locations)

Feet from N/S section line 660

SE/4 26 c SW/4 26

Feet from N/E section line 660

Operator License Number 7939
GEORGE SHEEHAN INTERESTS
Operator: ROBERT K. BUTCHER
Name & 921 UNADILLA ST.
Address SHREVEPORT, LA 71106

Field HAMILTON

County GREENWOOD

Disposal [] or Enhanced Recovery []

Contact Person ROBERT K. BUTCHER
Phone 318-221-4113

Person (s) responsible for monitoring well DONALD L. HARE
Was this well/project reported last year? [] yes [] no
List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[] packerless (tubing-no packer) Maximum authorized pressure _____ psi.
[] tubingless (no tubing) Maximum authorized rate _____ 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.	-	-	-	-	-	-
Feb.	-	-	-	-	-	-
Mar.	4280	25	-	VAC	-	-
Apr.	4855	30	-	-	-	-
May	3355	31	-	-	-	-
June	4485	30	-	-	-	-
July	3835	31	-	-	-	-
Aug.	4065	31	-	-	-	-
Sept.	3425	30	-	-	-	-
Oct.	4840	31	-	-	-	-
Nov.	4400	30	-	-	-	-
Dec.	2980	31	-	-	-	-

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section IV 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 II and III for each docket (project).

Project ELLIS UNIT DOCKET # C-4711 [] for 198 4

- 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: _____ Depth 1900 feet. Average Thickness _____ feet.

Oil Gravity 40 API

Production wells from this docket:

- a. Total number producing during reporting year 38.
- b. Number drilled in reporting year -.
- c. Number abandoned in reporting year -.
- d. Total number of injection wells assisting production this project 12.

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)	<u>186147</u>	<u>17301807</u>
B. Gas or air injected into producing zone (MCF)	<u> </u>	<u> </u>
C. Oil production from project area (BBLS) (Total)	<u>7336</u>	<u> </u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>7336</u>	<u> </u>
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 excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	<u>-</u>	<u> </u>

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 9-12-85

Signature Mary Jane Dance
Name GEORGE SHEEHAN INTERESTS
ROBERT K. BUTCHER, OPER.
Title OFFICE MGR.

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

RECEIVED
STATE CORPORATION COMMISSION

SEP 16 1985 12/83 FORM U3C