Reporting Period 1984

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

DOCKET NO. ~~CR-78323~~ [E-22,195]
KCC KDHE

SE/4 SEC 29 ,T 23 S,R 11 [ ] West [xx] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Edwards Well# 3
(if battery of wells, attach list with locations)
Feet from ~~X~~N/S section line 1650

Operator License Number 6706

Feet from ~~X~~W/E section line 1650

Operator: Lucky Strike Exploration, Inc.
Name &
Address Box 278
Potwin, KS 67123

Field Seeley-Wick

County Greenwood

Disposal[ ]or Enhanced Recovery[XX]

Contact Person Alan Joseph
Phone 316-752-3235

Person (s) responsible for monitoring well Gail Dimick
Was this well/project reported last year? [XX]yes [ ]no
List previous operator if new operator N/A

I. INJECTION FLUID:

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

Source:
[XX]produced water
other:

Quality:
Total disolved solids 113246 ppm/mgm/liter
Additives scale preventer
(attach water analysis, if available)

TYPE COMPLETION:

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

packer setting depth 1851 feet.
Maximum authorized pressure 600 psi.
Maximum authorized rate 400 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.	0	0	300#	175#	0	0
Feb.	315	9	"	"	"	"
Mar.	1085	31	"	"	"	"
Apr.	1050	30	"	"	"	"
May	1050	30	"	"	"	"
June	980	28	"	"	"	"
July	1085	31	"	"	"	"
Aug.	1085	31	"	"	"	"
Sept.	1050	31	"	"	"	"
Oct.	1085	31	"	"	"	"
Nov.	1050	30	"	"	"	"
Dec.	1085	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).

12/83 Form U3C

Project _____ DOCKET # CR-78383 [C-22,195] for 1984

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

[ ] Controlled waterflood [W]
[XX] 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: Cherokee Depth 2005 feet. Average Thickness 20 feet.

Oil Gravity 33.9 API

Production wells from this docket:

a. Total number producing during reporting year 2.

b. Number drilled in reporting year 1.

c. Number abandoned in reporting year 1.

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
A.	Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	10920	21425
B.	Gas or air injected into producing zone (MCF)	0	0
C.	Oil production from project area (BBLS) (Total)	2660	6146
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	95	165
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.	0	0

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.

LUCKY STRIKE EXPLORATION, INC.

Date Sept. 9, 1985

Signature _____

Name Alan Joseph

Title Secretary

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.