Reporting Period 1984

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

DOCKET NO. D-13,840 KCC [82,557-C KDHE]

NW/4 & N/2 SW/4 SEC 6, T 23 S, R 11 [ ] West [x] East

Lease Name Warren Well# 1-I
(if battery of wells, attach list with locations)
Feet from N/S section line 2640
Feet from W/E section line 660
Field Willow Creek Field
County Greenwood

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5193

Operator: S & B Oil Operations
Name & Box 365
Address Madison, Ks 66860

Disposal[ ]or Enhanced Recovery[x]

Contact Person Geo. E. Sauder
Phone 316-437-2287

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

I. INJECTION FLUID:

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

Source:
[x]produced water
other:

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

TYPE COMPLETION:

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

packer setting depth 2000 feet.
Maximum authorized pressure 1000 psi.
Maximum authorized rate 250 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.	450	30	150	125	0	0
Feb.	420	28	"	"	"	"
Mar.	420	28	"	"	"	"
Apr.	435	29	"	"	"	"
May	450	30	"	"	"	"
June	450	30	"	"	"	"
July	450	30	"	"	"	"
Aug.	435	29	"	"	"	"
Sept.	450	30	"	"	"	"
Oct.	435	29	"	"	"	"
Nov.	435	29	"	"	"	"
Dec.	420	28	"	"	"	"

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).

RECEIVED
STATE CORPORATION COMMISSION
OCT 4 1985

12/83 Form U3C

Project ER DOCKET # C-13,840 [82,557-C] for 1984

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

[ ]Controlled waterflood [W]
[ ]Pressure maintenance [P]
[x]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 2050 feet. Average Thickness 20 feet.

Oil Gravity 38.0 API

Production wells from this docket:

a. Total number producing during reporting year 11.

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
A.	Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	5250	118450
B.	Gas or air injected into producing zone (MCF)		
C.	Oil production from project area (BBLS) (Total)	2113	33640
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	211	3364
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 Oct-2-85

Signature Wilma M. Marlar

Name Wilma M. Marlar

Title Sec

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.