

Project Burke-Olson DOCKET # E 7563 [] for 198 4

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

- [] Controlled waterflood [W]
[X] 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 Sand Depth 2,250' feet. Average Thickness 15 feet.

Oil Gravity 37 API

Production wells from this docket:

- a. Total number producing during reporting year 18.
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>32,000</u>	<u>No Record</u>
B. Gas or air injected into producing zone (MCF)	<u>0</u>	<u>No Record</u>
C. Oil production from project area (BBLs) (Total)	<u>3,606</u>	<u>No Record</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>2,600</u>	<u>No Record</u>
E. Oil recovered by <u>Tertiary Recovery</u> 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, <u>but excluding</u> oil recovered by waterflood, pressure maintenance, or dump flood operations.	<u>0</u>	<u>0</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 4-30-85

Signature James R. Perkins

Name James R. Perkins

Title President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

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STATE CORPORATION COMMISSION

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MAY 21 1985