	Reporti	ng Period_1	-1-84 12-	31-84		*		
CONSER 200 CO	CORPORATION COVATION DIVISION DIVISION DERBY IN A, KANSAS 6720	ON - UIC SE	CTION X	DOCKET NO.	E-7563 KCC T2 ,T 24 S,	[] KDHE R 9 [X] East		
ANNUAL FLUID	REPORT OF PRI INJECTION AND	ESSURE MONT ENHANCED RI	TORING, ECOVERY	Lease Name Burke "A" Well# A-11 (if battery of wells, attach list with locations) Feet from N/6 section line 600'				
Operat	or License Nu	mber 550	08	Feet from @/E section line 1,150'				
Name &	or: Perkins O R.R.#2, B S Howard, K	ox 707	ses, Inc.	Field Thrall-Aagard County Greenwood				
Contact	t Person <u>E</u> 316-374-2133	. Wayne Wil	lhite	Disposal[]or Enhanced Recovery[X]				
was th	(∲) responsit is well/projed revious operat	ct reported	last year?	Michael Gr X Jyes [eenwood]no			
I. INJE	ECTION FLUID:							
[]br []wa	rine untreated ater/brine mix	ture		(attach,w	olved solidsater analysis, in			
r Tho	ackerless (tub ubingless (no	ring-no pack	er / Maximum	authorized authorized	pressure	_psi. /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	31	1,100	400	0	0		
Feb.	0	29	1,100	400	0	0		
Mar.	0	31	1,100	400	0	0		
Apr.	0	30	1,100	400	0	0		
May	12,400	31	1,100	400	0	0		
June	12,000_	30	1,100	400	0	0		
July	12,400	31	1,100	400	0	. 0		
Aug.	12,400	31	1,100	400	0	0		
Sept.	7,500	30	1,100	400	0	0		
Oct.	7,750	31	1,100	400	0	0		
Nov.	7,500	30	1,100	400	0	0		
ec.	7,750	31	1,100	400	0	0		
Well te	sts and the re	esults duri	ng reporting	period:				

MAY 2.1 1985

^{*}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).

STATE CORPORATION FROM USC

Project_Burke-Olson	DOCKET #	E-7563	[]	for 198 <u>4</u>				
II. Type of Secondary Recover well) []Controlled waterflood [x]Pressure maintenance	ry (check on d [W]								
[]Dump flood	[0]			, v					
Type of Tertiary Recovery Pr	oject (check	one if appr	opriate)						
[] Steam Flood [S]	[] Fire	Flood [F]	[] Su	factant Che	mical Flood [C]				
[] CO2 Injection [O]	[] Air	Injection [A][] N2	Injection [N]				
[] Natural Gas Injection [G][]Poly	mer/Micellar	[] Oth	ier					
Oil Producing Zone:	Floo	d [P]							
Name: Bartlesville Sand	Depth 2.2	50 feet.	Average	Thickness	15 feet				
Oil Gravity 37 API		Partition co.co.			15				
Production wells from this do	ocket.								
		ing your 10	,						
	e de la company								
c. Number abandoned in repor	-								
d. Total number of injection	wells assi	sting produc	tion this	project	_5•				
all cases report a volumes s	I. 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 dump zone (BBLS) (from side	ed into pro one for cur	ducing rent year)	79,7	9.7 79.7	NR No Record				
B. Gas or air injected int	o producing	zone (MCF)		0	No Record				
C. Oil production from pro	ject area (I	BBLS) (Total)3,6	3.6	No Record				
D. Oil production resulting recovery: (Oil recover flood, Pressure Mainten	ed by Dumpf	lood, Water-	2,6	002.6	No Record				
E. Oil recovered by Tertia polymer-enhanced waterf injection, alkaline che flood or gas injection, injection, or some combexcluding oil recovered maintenance, or dump fl	lood, surface mical inject steam or hoution process by waterflo	ctant polymention, miscible twater ss, but	е	0	0				
IV. I certify that I am pers attachments and that I b	onally famil elieve the i	iar with the	above i	nformation a	nd all and complete.				
Date4-30-85		*	Signatur		63				
the office and the lateral to the control of the co				James R. Per	rkins				
			***************************************		LILLIO				
Complete all blanks - add pag	es if need-	ı	Title	President					
ari branks - add pag	es il needed								

Copy to be retained for 5 years after filing date.