

Reporting Period. 1984

Is not entered on the computer

DOCKET NO. E 21,482 [] West
KCC KDHE [x] East

SE/4 SEC 17, T 24 S, R 13 [] West
[x] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name ^{AM} Errickson Well# 4
(if battery of wells, attach list with locations)

Feet from M/S section line 315

Operator License Number 6576

Feet from M/E section line 1270

Operator: John D. Winterscheid
Name & RI
Address Virgil, Mo. 66870

Field Virgil

County Greenwood

Contact Person Same
Phone 316-678-3659

Disposal [] or Enhanced Recovery [x]

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

I. INJECTION FLUID:

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

TYPE COMPLETION:

[x] tubing & packer packer setting depth 1248 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 350 psi.
[] tubingless (no tubing) Maximum authorized rate 200 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.	<u>1085</u>	<u>31</u>	<u>350</u>	<u>250</u>		
Feb.	<u>980</u> 1050	<u>28</u>	<u>350</u>	<u>250</u>		
Mar.	<u>1085</u>	<u>31</u>	<u>350</u>	<u>250</u>		
Apr.	<u>1050</u>	<u>30</u>	<u>350</u>	<u>250</u>		
May	<u>1085</u>	<u>31</u>	<u>350</u>	<u>250</u>		
June	<u>1050</u>	<u>30</u>	<u>350</u>	<u>250</u>		
July	<u>1085</u>	<u>31</u>	<u>350</u>	<u>250</u>		
Aug.	<u>1085</u>	<u>31</u>	<u>350</u>	<u>250</u>		
Sept.	<u>1050</u>	<u>30</u>	<u>350</u>	<u>250</u>		
Oct.	<u>1085</u>	<u>31</u>	<u>350</u>	<u>250</u>		
Nov.	<u>1050</u>	<u>30</u>	<u>350</u>	<u>250</u>		
Dec.	<u>1085</u>	<u>31</u>	<u>350</u>	<u>250</u>		

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).

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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: Mississippi Depth 1635 feet. Average Thickness 8 feet.

Oil Gravity 35 API

Production wells from this docket:

- a. Total number producing during reporting year 3.
 b. Number drilled in reporting year 0.
 c. Number abandoned in reporting year 1.
 d. Total number of injection wells assisting production this project none.

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>12775</u>	_____
B. Gas or air injected into producing zone (MCF)	-	_____
C. Oil production from project area (BBLs) (Total)	-	_____
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	-	_____
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.	-	_____

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 11-13-85

Signature John R. Winterscheid
 Name _____
 Title Owner

Complete all blanks - add pages if needed.
Copy to be retained for 5 years after filing date.