Reporting Period 1/1/84 to 1/1/85 CR-48223 couldn't find

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

DOCKET NO. E-20,866 [ ]
KCC KDHE

[ ] West
S/2 NE/4 SEC 21 ,T 24 S,R 18 [XX] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Coltrane Well# 1-H
(if battery of wells, attach list with locations)
Feet from N/S section line 50

Operator License Number 6648

Feet from W/E section line 5230

Operator: John L. Haas
Name & 701 North Grove
Address Yates Center, Kansas 66783

Field Iola

County Allen

Disposal[ ]or Enhanced Recovery[XX]

Contact Person John L. Haas
Phone 316-625-2139

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

I. INJECTION FLUID:

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

Source:
[XX]produced water
other:

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

TYPE COMPLETION:

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

packer setting depth feet.
Maximum authorized pressure 485 psi.
Maximum authorized rate 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.	620	31		100		
Feb.	580	29		100		
Mar.	620	31		100		
Apr.	600	30		100		
May	620	31		100		
June	600	30		100		
July	620	31		100		
Aug.	620	31		100		
Sept.	600	30		100		
Oct.	620	31		100		
Nov.	600	30		100		
Dec.	620	31		100		

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 Iola DOCKET # E-20,866 [ ] 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] [XX] N2 Injection [N]

[ ] Natural Gas Injection [G] [ ] Polymer/Micellar Flood [P] [ ] Other

Oil Producing Zone:

Name: Squirrel Depth 650 feet. Average Thickness 18 feet.

Oil Gravity 32 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 0.

d. Total number of injection wells assisting production this project 2.

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)	7,320	21,960
B.	Gas or air injected into producing zone (MCF)	00	0
C.	Oil production from project area (BBLS) (Total)	1166	3498
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)		
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 Sept. 27, 1985 Signature John E. Haas

Name John E. Haas

Title Owner

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

12/83 FORM U3C