Reporting Period 1984

E16110

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

DOCKET NO. ~~C16507~~ KCC [ENSMINGER #1] KDHE

X SW SEC 34, T 24 S, R 20 [ ] West [-] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name ENSMINGER Well# 11
(if battery of wells, attach list with locations)
Feet from ~~N~~/S section line 2145
Feet from W/~~E~~ section line 165

Operator License Number 6137

Operator: DONALD & JACK ENSMINGER
Name & Address RR1 BOX 75 MORAN KANSAS

Field MORAN

County ALLEN

Disposal[ ] or Enhanced Recovery[X]

Contact Person DON ENSMINGER
Phone 316-237-4320

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

I. INJECTION FLUID:

Type:
[ ] fresh water
[ ] 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:

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

packer setting depth _____ feet.
Maximum authorized pressure 500 psi.
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.	1860	31	0	0		
Feb.	1680	28	"	"		
Mar.	1860	31	"	"		
Apr.	1800	30	"	"		
May	1860	31	"	"		
June	1800	30	"	"		
July	1860	31	"	"		
Aug.	1860	31	"	"		
Sept.	1800	30	"	"		
Oct.	1860	31	"	"		
Nov.	1800	30	"	"		
Dec.	1860	31	"	"		
	21900					

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section D page 2.
For enhanced recovery wells (repressuring, secondary, tertiar
Prepare one form for each injection well (SWD and ER) but only
and C for each docket (project).

plete both pages.
eport of Section B

12/83 Form U3C