

Reporting Period JAN DEC 1984

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

DOCKET NO. C-14-856 [85-981 C]
KCC KDHE

SEC 33, T 24 S, R 30 [☐] West
[☒] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name TALBOTT Well# B-11
(if battery of wells, attach list with
locations)

Feet from N/S section line 2230

Operator License Number 6032

Feet from W/E section line 4890

Operator: INEXCO OIL COMPANY
Name & RR 2
Address MORAN, KS. 66755

Field MORAN

County ALLEN

Disposal [☐] or Enhanced Recovery [☒]

Contact Person KENNETH OGLE
Phone 1-316-237-4525

Person (s) responsible for monitoring well JACK McBRIDE
Was this well/project reported last year? [☒] Yes [☐] No
List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[☐] tubing & packer packer setting depth _____ feet.
[☒] packerless (tubing-no packer) Maximum authorized pressure _____ psi.
[☐] tubingless (no tubing) 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.	<u>700</u>	<u>31</u>	<u>160</u>	<u>160</u>	<u>0</u>	<u>0</u>
Feb.	<u>942</u>	<u>29</u>	<u>300</u>	<u>200</u>	<u>0</u>	<u>0</u>
Mar.	<u>514</u>	<u>30</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
Apr.	<u>548</u>	<u>30</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
May	<u>505</u>	<u>30</u>	<u>150</u>	<u>150</u>	<u>0</u>	<u>0</u>
June	<u>2</u>	<u>30</u>	<u>20</u>	<u>20</u>	<u>0</u>	<u>0</u>
July	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Aug.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Sept.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Oct.	<u>30</u>	<u>31</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
Nov.	<u>676</u>	<u>30</u>	<u>250</u>	<u>250</u>	<u>0</u>	<u>0</u>
Dec.	<u>646</u>	<u>31</u>	<u>160</u>	<u>160</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

MC TEST 8-26-84

*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 B
and C for each docket (project).

12/83 Form U3C

JAN 18 1985