

Reporting Period JAN DEC 1984

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

DOCKET NO. C-14856 [ 85-981C ]  
KCC KDHE

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

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name APT Well# 107  
(if battery of wells, attach list with  
locations)

Feet from N/S section line 3330

Operator License Number 6032

Feet from W/E section line 1720

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

Field MORAN

County ALLEN

Disposal [ ] or Enhanced Recovery [ X ]

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

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

I. INJECTION FLUID:

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

TYPE COMPLETION:

[ ] tubing & packer packer setting depth \_\_\_\_\_ feet.  
[ X ] 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>887</u>	<u>31</u>	<u>620</u>	<u>620</u>	<u>0</u>	<u>0</u>
Feb.	<u>792</u>	<u>29</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</u>
Mar.	<u>488</u>	<u>30</u>	<u>580</u>	<u>580</u>	<u>0</u>	<u>0</u>
Apr.	<u>480</u>	<u>30</u>	<u>580</u>	<u>580</u>	<u>0</u>	<u>0</u>
May	<u>388</u>	<u>30</u>	<u>580</u>	<u>580</u>	<u>0</u>	<u>0</u>
June	<u>360</u>	<u>30</u>	<u>580</u>	<u>580</u>	<u>0</u>	<u>0</u>
July	<u>619</u>	<u>31</u>	<u>620</u>	<u>620</u>	<u>0</u>	<u>0</u>
Aug.	<u>587</u>	<u>31</u>	<u>620</u>	<u>620</u>	<u>0</u>	<u>0</u>
Sept.	<u>589</u>	<u>30</u>	<u>650</u>	<u>650</u>	<u>0</u>	<u>0</u>
Oct.	<u>584</u>	<u>31</u>	<u>580</u>	<u>580</u>	<u>0</u>	<u>0</u>
Nov.	<u>523</u>	<u>30</u>	<u>600</u>	<u>600</u>	<u>0</u>	<u>0</u>
Dec.	<u>393</u>	<u>31</u>	<u>590</u>	<u>590</u>	<u>0</u>	<u>0</u>

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, 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 COMMISSION 12/83 Form U3C

JAN 18 1985