

Reporting Period JAN - DEC 1984

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

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

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

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name WINSLOW Well# C-5
(if battery of wells, attach list with
locations)

Feet from N/S section line 1770

Operator License Number 6032

Feet from W/E section line 3520

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

Field MORAN

County ALLEN

Disposal [] or Enhanced Recovery []

Contact Person KENNETH OGLE
Phone 1-316-237-4575

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

I. INJECTION FLUID:

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

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. | _____ | _____ | _____ | _____ | _____ | _____ |
| Feb. | _____ | _____ | _____ | _____ | _____ | _____ |
| Mar. | _____ | _____ | _____ | _____ | _____ | _____ |
| Apr. | _____ | _____ | _____ | _____ | _____ | _____ |
| May | _____ | _____ | _____ | _____ | _____ | _____ |
| June | _____ | _____ | _____ | _____ | _____ | _____ |
| July | _____ | _____ | _____ | _____ | _____ | _____ |
| Aug. | _____ | _____ | _____ | _____ | _____ | _____ |
| Sept. | <u>WELL HAS BEEN SHUT IN SEVERAL YEARS NOT BACK ON INJ.</u> | | | | | |
| Oct. | <u>931</u> | <u>31</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Nov. | <u>844</u> | <u>30</u> | <u>20</u> | <u>20</u> | <u>0</u> | <u>0</u> |
| Dec. | <u>868</u> | <u>31</u> | <u>110</u> | <u>110</u> | <u>0</u> | <u>0</u> |

Well tests and the results during reporting period:

MIT TEST 9-13-84

*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