

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

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 6032

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

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

SEC 34, T 24 S, R 30 [] West
[] East

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

Feet from N/S section line 1770

Feet from W/E section line 3520

Field MORAN

County ALLEN

Disposal [] or Enhanced Recovery []

Person (s) responsible for monitoring well Russell Guder
Was this well/project reported last year? [] Yes [X] No
List previous operator if new operator _____

I. INJECTION FLUID:

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

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	Pressure psig Casing to Annulus	Pressure psig Surf. Pipe
Jan.	_____	_____	_____	_____	_____	_____	_____
Feb.	_____	_____	_____	_____	_____	_____	_____
Mar.	_____	_____	_____	_____	_____	_____	_____
Apr.	_____	_____	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____	_____	_____
Aug.	_____	_____	_____	_____	_____	_____	_____
Sept.	_____	_____	_____	_____	_____	_____	_____
Oct.	<u>931</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Nov.	<u>844</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>0</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>	<u>0</u>

Well tests and the results during reporting period:

MIC 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

STATE CORPORATION COMMISSION

1200 BROADWAY

KANSAS CITY, MO 64102

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