

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 20 [ ] West  
[x] East

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name TALBOTT Well# D-9  
(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 4280

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

Field MORAN

County ALLEN

Disposal [ ] for Enhanced Recovery [x]

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

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: 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.	<u>617</u>	<u>31</u>	<u>540</u>	<u>540</u>	<u>0</u>	<u>0</u>
Feb.	<u>693</u>	<u>29</u>	<u>120</u>	<u>120</u>	<u>0</u>	<u>0</u>
Mar.	<u>803</u>	<u>30</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
Apr.	<u>845</u>	<u>30</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
May	<u>915</u>	<u>30</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
June	<u>637</u>	<u>30</u>	<u>460</u>	<u>460</u>	<u>0</u>	<u>0</u>
July	<u>529</u>	<u>31</u>	<u>420</u>	<u>420</u>	<u>0</u>	<u>0</u>
Aug.	<u>734</u>	<u>31</u>	<u>430</u>	<u>430</u>	<u>0</u>	<u>0</u>
Sept.	<u>786</u>	<u>30</u>	<u>650</u>	<u>650</u>	<u>0</u>	<u>0</u>
Oct.	<u>800</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>0</u>	<u>0</u>
Nov.	<u>888</u>	<u>30</u>	<u>450</u>	<u>450</u>	<u>0</u>	<u>0</u>
Dec.	<u>410</u>	<u>31</u>	<u>450</u>	<u>450</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

\*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).

RECEIVED 12/83 Form U3C  
STATE CORPORATION COMMISSION

JAN 18 1985