

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 10 [] West
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name APT Well# 102
(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 1300

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

Field MORAN

County ALLEN

Disposal[] or Enhanced Recovery[X]

Contact Person KENNETH OGLE
Phone 1-316-737-4575

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>558</u>	<u>31</u>	<u>650</u>	<u>650</u>	<u>0</u>	<u>0</u>
Feb.	<u>519</u>	<u>29</u>	<u>630</u>	<u>630</u>	<u>0</u>	<u>0</u>
Mar.	<u>554</u>	<u>30</u>	<u>650</u>	<u>650</u>	<u>0</u>	<u>0</u>
Apr.	<u>445</u>	<u>30</u>	<u>650</u>	<u>650</u>	<u>0</u>	<u>0</u>
May	<u>532</u>	<u>30</u>	<u>640</u>	<u>640</u>	<u>0</u>	<u>0</u>
June	<u>554</u>	<u>30</u>	<u>630</u>	<u>630</u>	<u>0</u>	<u>0</u>
July	<u>651</u>	<u>31</u>	<u>670</u>	<u>670</u>	<u>0</u>	<u>0</u>
Aug.	<u>745</u>	<u>31</u>	<u>670</u>	<u>670</u>	<u>0</u>	<u>0</u>
Sept.	<u>670</u>	<u>30</u>	<u>690</u>	<u>690</u>	<u>0</u>	<u>0</u>
Oct.	<u>707</u>	<u>31</u>	<u>640</u>	<u>640</u>	<u>0</u>	<u>0</u>
Nov.	<u>660</u>	<u>30</u>	<u>650</u>	<u>650</u>	<u>0</u>	<u>0</u>
Dec.	<u>582</u>	<u>31</u>	<u>630</u>	<u>630</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).

12/83 Form U3C

JAN 18 1985