

Reporting Period 1984

AA1 140 15001-2095

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

DOCKET NO. F 21631 []
KCC KDHE

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

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name ENSMINGER Well# W 3
(if battery of wells, attach list with
locations)

Feet from N/S section line 1980

Operator License Number 6137

Feet from W/E section line 440

Operator: ENSMINGER OIL CO
Name & RR1 BOX 75
Address MORAN KANSAS 66755

Field MORAN

County ALLEN

Contact Person DON ENSMINGER
Phone 316-237-4320

Disposal [] or Enhanced Recovery [X]

Person (s) responsible for monitoring well DON ENSMINGER
Was this well/project reported last year? [] 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.
[] packerless (tubing-no packer) Maximum authorized pressure 500 psi.
[X] tubingless (no tubing) Maximum authorized rate 50 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>NO</u>	<u>INJECTION</u>			
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

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 II and III for each docket (project).

12/83 Form U3C RECOVERED
STATE CORPORATION COMMISSION

Project ENHANCED DOCKET # E 21 631 [] for 198 4

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

[] Controlled waterflood [W]
[] Pressure maintenance [P]
[] Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

[] Steam Flood [S] [] Fire Flood [F] [] Surfactant Chemical Flood [C]
[] CO2 Injection [O] [] Air Injection [A] [] N2 Injection [N]
[] Natural Gas Injection [G] [] Polymer/Micellar Flood [P] [] Other

Oil Producing Zone:

Name: _____ Depth _____ feet. Average Thickness _____ feet.

Oil Gravity _____ API

Production wells from this docket:

- a. Total number producing during reporting year _____.
- b. Number drilled in reporting year _____.
- c. Number abandoned in reporting year _____.
- d. Total number of injection wells assisting production this project _____.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	<u>Current Year</u>	<u>Cumulative</u>
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	_____	_____
B. Gas or air injected into producing zone (MCF)	_____	_____
C. Oil production from project area (BBLs) (Total)	_____	_____
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	_____	_____
E. Oil recovered by <u>Tertiary Recovery</u> such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, <u>but excluding</u> oil recovered by waterflood, pressure maintenance, or dump flood operations.	_____	_____

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 11-11-85

Signature Donald E. Sminger

Name Sminger Oil Co

Title Owner

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.