

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

DOCKET NO. E-9952 [ 70,533 ]  
FCC KDHE

SE 35, T 24 S, R 20 [ ] West  
[XX] East

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Well Name: BOWEN Well# 13A  
(if battery of wells, attach list with  
locations)  
feet from ~~W/S~~ section line 1260

Operator License Number 5150

feet from ~~W/S~~ section line 510

Operator:  
Name & Address MACK C. COLT, INC  
P.O. BOX 388  
IOLA, KANSAS 66749

Field MORAN  
County ALLEN

Contact Person Dennis Kershner  
Phone (316) 365-3111

Disposal [ ] for Enhanced Recovery [XXXXXX]

Person (s) responsible for monitoring well Tom Norman, Russel Ross, Vern Wright  
Was this well/project reported last year? [XXXX] yes [ ] no  
List previous operator if new operator SAME

I. INJECTION FLUID:

Type: [ ] fresh water [XXXX] brine treated [ ] brine untreated [ ] water/brine mixture  
Source: [XXXX] produced water other: \_\_\_\_\_  
Quality: Total dissolved solids N/A ppm/mgm/liter  
Additives Nalco chemical formulation N/A  
(attach water analysis, if available)

TYPE COMPLETION:

[ ] tubing & packer packer setting depth \_\_\_\_\_ feet.  
[ ] packerless (tubing-no packer) Maximum authorized pressure 700 psi.  
[XXXX] tubingless (no tubing) Maximum authorized rate 80 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>1254</u>	<u>31</u>	<u>580</u>	<u>360</u>	<u>NONE</u>	<u>NONE</u>
Feb.	<u>953</u>	<u>28</u>	<u>580</u>	<u>340</u>	<u>"</u>	<u>"</u>
Mar.	<u>908</u>	<u>31</u>	<u>580</u>	<u>310</u>	<u>"</u>	<u>"</u>
Apr.	<u>855</u>	<u>30</u>	<u>580</u>	<u>540</u>	<u>"</u>	<u>"</u>
May	<u>1038</u>	<u>31</u>	<u>580</u>	<u>390</u>	<u>"</u>	<u>"</u>
June	<u>764</u>	<u>30</u>	<u>590</u>	<u>400</u>	<u>"</u>	<u>"</u>
July	<u>1107</u>	<u>31</u>	<u>590</u>	<u>380</u>	<u>"</u>	<u>"</u>
Aug.	<u>912</u>	<u>31</u>	<u>590</u>	<u>400</u>	<u>"</u>	<u>"</u>
Sept.	<u>912</u>	<u>30</u>	<u>590</u>	<u>25</u>	<u>"</u>	<u>"</u>
Oct.	<u>933</u>	<u>31</u>	<u>590</u>	<u>75</u>	<u>"</u>	<u>"</u>
Nov.	<u>912</u>	<u>30</u>	<u>590</u>	<u>180</u>	<u>"</u>	<u>"</u>
Dec.	<u>835</u>	<u>31</u>	<u>590</u>	<u>190</u>	<u>"</u>	<u>"</u>
	<u>11383</u>					

Well tests and the results during reporting period \_\_\_\_\_

\*For disposal wells complete page 1 plus section 2.  
For enhanced recovery wells (repressuring, secondary, tertiary) complete both pages.  
Prepare one form for each injection well (SWD and IR) but only one report of Section B and C for each docket (project).

RECEIVED  
STATE CORPORATION COMMISSION  
12/83 Form U3C

FEB 04 1985