

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

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

SE₄ SEC 35, T 24 S, R 20 [] West
[XXX] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Owner Name BOWEN Well# 13A0
(if battery of wells, attach list with
locations)

Feet from N_{1/2} section line 1160

Feet from W_{1/2} section line 1565

Operator License Number 5150

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

Field MORAN

County ALLEN

Contact Person Dennis Kershner
Phone (316) 365-3111

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

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>1349</u>	<u>31</u>	<u>580</u>	<u>180</u>	<u>NONE</u>	<u>NONE</u>
Feb.	<u>1290</u>	<u>28</u>	<u>580</u>	<u>190</u>	<u>"</u>	<u>"</u>
Mar.	<u>1388</u>	<u>31</u>	<u>580</u>	<u>240</u>	<u>"</u>	<u>"</u>
Apr.	<u>1451</u>	<u>30</u>	<u>580</u>	<u>260</u>	<u>"</u>	<u>"</u>
May	<u>1676</u>	<u>31</u>	<u>580</u>	<u>455</u>	<u>"</u>	<u>"</u>
June	<u>837</u>	<u>30</u>	<u>590</u>	<u>590</u>	<u>"</u>	<u>"</u>
July	<u>469</u>	<u>31</u>	<u>590</u>	<u>590</u>	<u>"</u>	<u>"</u>
Aug.	<u>1934</u>	<u>31</u>	<u>590</u>	<u>0</u>	<u>"</u>	<u>"</u>
Sept.	<u>1408</u>	<u>30</u>	<u>590</u>	<u>0</u>	<u>"</u>	<u>"</u>
Oct.	<u>1541</u>	<u>31</u>	<u>590</u>	<u>0</u>	<u>"</u>	<u>"</u>
Nov.	<u>1425</u>	<u>30</u>	<u>590</u>	<u>0</u>	<u>"</u>	<u>"</u>
Dec.	<u>1423</u>	<u>31</u>	<u>590</u>	<u>0</u>	<u>"</u>	<u>"</u>
	<u>16218</u>					

Well tests and the results during reporting, etc.

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

RECEIVED
STATE CORPORATION COMMISSION
12/83 Form U3C

FEB 04 1985

CONSERVATION DIVISION
Wichita, Kansas