

TO:

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

DOCKET NO. E-9952

KCC

[70,533]

KDHE

SW/4 SEC 36 T 24S, R 20 [] West
XXK EastANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5150

Operator:

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

Contact Person Dennis Kershner
Phone (316) 365-3111

Loc. Name Norman Well# 3A
(if battery of wells, attach list with
locations)

Feet from ~~BL/S~~ section line 1320Feet from ~~W/B~~ section line 1300

Field MORAN

County ALLEN

Disposal [] for Enhanced Recovery [XXXXXX]

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

I. INJECTION FLUID:

Type:

 fresh water

Source:

 produced water

Quality:

 brine treated

other: _____

Total dissolved solids N/A ppm/mgm/liter
Additives Nalco chemical formulation N/A
(attach water analysis, if available)

 brine untreated water/brine mixture

TYPE COMPLETION:

 tubing & packer packerless (tubing-no packer) packer setting depth _____ feet. tubingless (no tubing) Maximum authorized pressure 700 psi.

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.					NONE	NONE
Feb.				"	"	"
Mar.				"	"	"
Apr.				"	"	"
May				"	"	"
June				"	"	"
July				"	"	"
Aug.				"	"	"
Sept.	672	24	400	0	"	"
Oct.	905	31	400	0	"	"
Nov.	840	30	400	0	"	"
Dec.	997	31	400	0	"	"
	3414					

Well tests and the results during reporting period

*For disposal wells complete page 1 plus section 3 page 2.

For enhanced recovery wells (repressuring, secondary recovery) complete both pages.

Prepare one form for each injection well (SWI) and RECEIVED FOR ONE report of Section B and C for each docket (project).

STATE CORPORATION COMMISSION

12/83 Form U3C

FEB 04 1985 12/83 Form U3C
CONSERVATION DIVISION
WICHITA, KANSAS

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/Micelle [P] Other Flood [P]

Oil Producing Zone:

Name: BARTLESVILLE Depth 800 feet. Average Thickness 15 feet.Oil Gravity 22 API

Production wells from this docket:

a. Total number producing during reporting year 32.
b. Number drilled in reporting year 7.
c. Number abandoned in reporting year 0.
d. Total number of injection wells assisting production this project 18.

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.

	Current Year	Cumulative
A. Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	3414	3414
B. Gas or air injected into producing zone (MMCF)	0	0
C. Oil production from project area (BBLS) (Total)	9363	146555
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	9363	146555
E. Oil recovered by Tertiary Recovery 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, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	0	0

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 1-31-85Signature Mark C. ColtName Mack C. ColtTitle President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.