

Reporting Period 1984

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

DOCKET NO. C.P. 48224 [E 20867]  
KCC KDHE

X NW/4 SEC 3, T 24 S, R 21 [ ] West  
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Millard Well# 4-80  
(if battery of wells, attach list with  
locations)  
Feet from W/S section line 1710

Operator License Number 5115

Feet from E section line 490

Operator: REESE EXPLORATION, INC.  
Name & P.O. BOX 11598  
Address KANSAS CITY, MO 64138

Field David Brown

County Allen

Contact Person J. E. Brown  
Phone 816-356-1970

Disposal [ ] or Enhanced Recovery [X]

Person (s) responsible for monitoring well John Curtis  
Was this well/project reported last year? [X] yes [ ] no  
List previous operator if new operator \_\_\_\_\_

I. INJECTION FLUID:

Type: [ ] fresh water [X] produced water [ ] brine treated other: \_\_\_\_\_ Quality: Total dissolved solids \_\_\_\_\_ ppm/mgm/liter Additives \_\_\_\_\_ (attach water analysis, if available)  
[X] brine untreated  
[X] water/brine mixture

TYPE COMPLETION:

[ ] tubing & packer packer setting depth \_\_\_\_\_ feet.  
[X] packerless (tubing-no packer) Maximum authorized pressure 282 psi.  
[ ] tubingless (no tubing) Maximum authorized rate 25 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>15</u>	<u>30</u>				
Feb.	<u>-</u>	<u>-</u>				
Mar.	<u>20</u>	<u>31</u>				
Apr.	<u>-</u>					
May	<u>30</u>	<u>31</u>				
June						
July						
Aug.				<u>7/84</u>		
Sept.	<u>Frank Aubrey</u>					
Oct.	<u>Rt #</u>					
Nov.	<u>Lincolnton, Mo. 66078</u>					
Dec.						

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STATE CORPORATION COMMISSION  
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Wichita, Kansas

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Well tests and the results during reporting period:

JAN 31 1985

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

Project Millard DOCKET # CR 48224 [C-20, 867] 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: Partlow Depth 497 feet. Average Thickness      feet.

Oil Gravity 26 API

Production wells from this docket:

- a. Total number producing during reporting year 6.
- b. Number drilled in reporting year 0.
- c. Number abandoned in reporting year 0.
- d. Total number of injection wells assisting production this project 1.

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)	<u>0.1</u> <u>65</u>	<u>0.7</u> <u>657</u>
B. Gas or air injected into producing zone (MCF)	<u>    </u>	<u>    </u>
C. Oil production from project area (BBLS) (Total)	<u>111</u> <u>0.1</u>	<u>NR</u> <u>NR</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>NR</u> <u>NR</u>	<u>NR</u> <u>NR</u>
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.	<u>    </u>	<u>    </u>

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 2-5-85

Signature D. J. [Signature]

Name \_\_\_\_\_

Title Dr. [Signature]

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.