

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

DOCKET NO. C-3091 [43,350-C]
KCC KDHE

W $\frac{1}{2}$, NW $\frac{1}{4}$ SEC 34, T 24 S, R 21 [] West
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Newton Well# 20A
(if battery of wells, attach list with
locations)

Operator License Number 5150

Feet from N $\frac{1}{2}$ section line 680

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

Feet from W $\frac{1}{2}$ section line 1180

Field BRONSON-XENIA

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? 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 450 psi.
[XXXX] tubingless (no tubing) Maximum authorized rate 150 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>-0-</u>				<u>NONE</u>	<u>NONE</u>
Feb.	<u>612</u>	<u>13</u>	<u>450</u>	<u>0</u>	<u>"</u>	<u>"</u>
Mar.	<u>1120</u>	<u>31</u>	<u>450</u>	<u>120</u>	<u>"</u>	<u>"</u>
Apr.	<u>1296</u>	<u>30</u>	<u>450</u>	<u>210</u>	<u>"</u>	<u>"</u>
May	<u>1250</u>	<u>31</u>	<u>450</u>	<u>230</u>	<u>"</u>	<u>"</u>
June	<u>921</u>	<u>30</u>	<u>450</u>	<u>320</u>	<u>"</u>	<u>"</u>
July	<u>1469</u>	<u>31</u>	<u>450</u>	<u>330</u>	<u>"</u>	<u>"</u>
Aug.	<u>1467</u>	<u>31</u>	<u>450</u>	<u>260</u>	<u>"</u>	<u>"</u>
Sept.	<u>1081</u>	<u>30</u>	<u>450</u>	<u>240</u>	<u>"</u>	<u>"</u>
Oct.	<u>1293</u>	<u>31</u>	<u>450</u>	<u>220</u>	<u>"</u>	<u>"</u>
Nov.	<u>1270</u>	<u>30</u>	<u>450</u>	<u>240</u>	<u>"</u>	<u>"</u>
Dec.	<u>1355</u>	<u>31</u>	<u>450</u>	<u>240</u>	<u>"</u>	<u>"</u>

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section on page 2.
For enhanced recovery wells (repressuring, secondary, tertiary) complete both pages.
Prepare one form for each injection well (SWI (bbl/d)) but only one report of Section B and C for each docket (project).
STATE CORPORATION COMMISSION

12/83 Form U3C

FEB 04 1985

CONSERVATION DIVISION
Wichita, Kansas