

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

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

NE 1/4 SEC 33, T 24 S, R 21 [] West
[XX] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Johnson Well # 38A
(if battery of wells, attach list with
locations)

Operator License Number 5150

Feet from W/S section line 775

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

Feet from W/S section line 90

Tract BRONSON-XENIA

County ALLEN

Disposal [] or Enhanced Recovery [XXXXXX]

Contact Person Dennis Kershner
Phone (316) 365-3111

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/mg/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	Average Pressure Tubing to Casing Annulus	Pressure psig Casing to Surf. Pipe
Jan.	<u>2033</u>	<u>31</u>	<u>430</u>	<u>410</u>	<u>NONE</u>	<u>NONE</u>
Feb.	<u>1488</u>	<u>28</u>	<u>430</u>	<u>415</u>	<u>"</u>	<u>"</u>
Mar.	<u>1293</u>	<u>31</u>	<u>430</u>	<u>415</u>	<u>"</u>	<u>"</u>
Apr.	<u>1122</u>	<u>30</u>	<u>430</u>	<u>430</u>	<u>"</u>	<u>"</u>
May	<u>795</u>	<u>31</u>	<u>425</u>	<u>420</u>	<u>"</u>	<u>"</u>
June	<u>804</u>	<u>30</u>	<u>425</u>	<u>415</u>	<u>"</u>	<u>"</u>
July	<u>956</u>	<u>31</u>	<u>425</u>	<u>415</u>	<u>"</u>	<u>"</u>
Aug.	<u>970</u>	<u>31</u>	<u>425</u>	<u>420</u>	<u>"</u>	<u>"</u>
Sept.	<u>843</u>	<u>30</u>	<u>425</u>	<u>420</u>	<u>"</u>	<u>"</u>
Oct.	<u>949</u>	<u>31</u>	<u>425</u>	<u>410</u>	<u>"</u>	<u>"</u>
Nov.	<u>1001</u>	<u>30</u>	<u>425</u>	<u>410</u>	<u>"</u>	<u>"</u>
Dec.	<u>1050</u>	<u>31</u>	<u>425</u>	<u>410</u>	<u>"</u>	<u>"</u>

Well tests and the results during reporting period:

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

RECEIVED 12/83 Form U3C
STATE CORPORATION COMMISSION

FEB 04 1985