

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# 20A
(if battery of wells, attach list with
locations)

Feet from N/2 section line 1165

Operator License Number 5150

Feet from W/2 section line 1160

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

Field BRONSON-XENIA

County ALLEN

Disposal for 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: Source: Quality:
[] fresh water [XXXXX] produced water Total dissolved solids N/A ppm/mg/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 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>3408</u>	<u>31</u>	<u>450</u>	<u>300</u>	<u>NONE</u>	<u>NONE</u>
Feb.	<u>3376</u>	<u>28</u>	<u>450</u>	<u>320</u>	<u>"</u>	<u>"</u>
Mar.	<u>3264</u>	<u>31</u>	<u>450</u>	<u>320</u>	<u>"</u>	<u>"</u>
Apr.	<u>3483</u>	<u>30</u>	<u>450</u>	<u>330</u>	<u>"</u>	<u>"</u>
May	<u>3448</u>	<u>31</u>	<u>450</u>	<u>340</u>	<u>"</u>	<u>"</u>
June	<u>3256</u>	<u>30</u>	<u>450</u>	<u>365</u>	<u>"</u>	<u>"</u>
July	<u>3683</u>	<u>31</u>	<u>450</u>	<u>370</u>	<u>"</u>	<u>"</u>
Aug.	<u>3562</u>	<u>31</u>	<u>450</u>	<u>400</u>	<u>"</u>	<u>"</u>
Sept.	<u>3140</u>	<u>30</u>	<u>450</u>	<u>380</u>	<u>"</u>	<u>"</u>
Oct.	<u>3769</u>	<u>31</u>	<u>450</u>	<u>360</u>	<u>"</u>	<u>"</u>
Nov.	<u>3355</u>	<u>30</u>	<u>450</u>	<u>360</u>	<u>"</u>	<u>"</u>
Dec.	<u>3498</u>	<u>31</u>	<u>450</u>	<u>360</u>	<u>"</u>	<u>"</u>

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus Section II page 2.
For enhanced recovery wells (repressuring, secondary, tertiary) complete both pages.
Prepare one form for each injection well (SWD and LR), 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