

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 S 33 T 24 S, R 21 [] West
[XX] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Johnson Well# 29A
(if battery of wells, attach list with
locations.)

Feet from R/W section line 1060

Operator License Number 5150

Feet from A/C section line 175

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 [XXXX] produced water Total dissolved solids N/A ppm/mgm/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>1525</u>	<u>31</u>	<u>450</u>	<u>415</u>	<u>NONE</u>	<u>NONE</u>
Feb.	<u>1436</u>	<u>28</u>	<u>450</u>	<u>420</u>	<u>"</u>	<u>"</u>
Mar.	<u>1480</u>	<u>31</u>	<u>450</u>	<u>420</u>	<u>"</u>	<u>"</u>
Apr.	<u>1550</u>	<u>30</u>	<u>450</u>	<u>430</u>	<u>"</u>	<u>"</u>
May	<u>1530</u>	<u>31</u>	<u>440</u>	<u>415</u>	<u>"</u>	<u>"</u>
June	<u>1415</u>	<u>30</u>	<u>430</u>	<u>410</u>	<u>"</u>	<u>"</u>
July	<u>1428</u>	<u>31</u>	<u>430</u>	<u>410</u>	<u>"</u>	<u>"</u>
Aug.	<u>1329</u>	<u>31</u>	<u>430</u>	<u>415</u>	<u>"</u>	<u>"</u>
Sept.	<u>1138</u>	<u>30</u>	<u>430</u>	<u>410</u>	<u>"</u>	<u>"</u>
Oct.	<u>1222</u>	<u>31</u>	<u>430</u>	<u>400</u>	<u>"</u>	<u>"</u>
Nov.	<u>1091</u>	<u>30</u>	<u>430</u>	<u>400</u>	<u>"</u>	<u>"</u>
Dec.	<u>1073</u>	<u>31</u>	<u>430</u>	<u>400</u>	<u>"</u>	<u>"</u>

Well tests and the results during reporting period:

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

FEB 04 1985

12/83 Form U3C

CONSERVATION DIVISION
Wichita, Kansas