Reporting Period 1-1-83 thru 12-31-84

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

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

NE¼ SEC 33, T 24 S, R 21 [ ] West [XX] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Johnson Well# 42A
(if battery of wells, attach list with locations)

Feet from ※/S section line 65

Feet from W/※ section line 800

Field BRONSON-XENIA

County ALLEN

Operator License Number 5150

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

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/mgm/liter
Additives Nalco chemical formulation N/A
(attach water analysis, if available)

TYPE COMPLETION:

[ ]tubing & packer
[ ]packerless (tubing-no packer)
[XXXX]tubingless (no tubing)

packer setting depth _____ feet.
Maximum authorized pressure 450 psi.
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.	-0-				NONE	NONE
Feb.	-0-				"	"
Mar.	-0-				"	"
Apr.	-0-				"	"
May	-0-				"	"
June	-0-				"	"
July	-0-				"	"
Aug.	-0-				"	"
Sept.	-0				"	"
Oct.	-0-				"	"
Nov.	-0-				"	"
Dec.	-0				"	"

Well tests and the resu[illegible]ring 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 (SWD and ER) but only one report of Section B and C for each docket (project).

RECEIVED
STATE CORPORATION COMMISSION

12/83 Form U3C

FEB 04 1985

CONSERVATION DIVISION
Wichita, Kansas

Project K.B. AREA DOCKET # C-3091 [43,350-C] for 1984

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

[XXX] 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: BARTLESVILLE SAND Depth 750 feet. Average Thickness 20 feet.

Oil Gravity 30 API

Production wells from this docket:

a. Total number producing during reporting year 41 .

b. Number drilled in reporting year 2 .

c. Number abandoned in reporting year 2 .

d. Total number of injection wells assisting production this project 39 .

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.

		Current Year	Cumulative
A.	Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	-0-	230155
B.	Gas or air injected into producing zone (MCF)	0	0
C.	Oil production from project area (BBLS) (Total)	9131	3155885
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	9131	3155885
E.	Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combution process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	0	0

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 1-31-85

Signature Mack C. Colt

Name Mack C. Colt

Title President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

12/83 FORM U3C