

Reporting Period 1-1-84 — 1-1-85

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

DOCKET NO. 84,3166 [E14, 355-]
KCC KDHE

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

X NW 1/4 SEC 25, T 24 S, R 21 [] West
[] East

Operator License Number 5913

Operator: Alico Drilling Co., Inc.
Name & R#3
Address Topeka, Kansas 66749

Lease Name Collins Well# W 39
(if battery of wells, attach list with
locations)

Feet from N/S section line 30' NL

Feet from W/E section line 1370' WL

Field Bronson

County Bourbon

Disposal [] or Enhanced Recovery []

Contact Person Louis Mc Clellan
Phone 316-365-6013

Person (s) responsible for monitoring well
Was this well/project reported last year? [] Yes [] No

Dean Luddum

List previous operator if new operator _____

I. INJECTION FLUID:

Type:	Source:	Quality:
[<input type="checkbox"/>] fresh water	[<input checked="" type="checkbox"/>] produced water	Total dissolved solids <u>0</u> ppm/mgm/liter
[<input checked="" type="checkbox"/>] brine treated	other: _____	Additives <u>0</u>
[<input type="checkbox"/>] brine untreated		(attach water analysis, if available)
[<input type="checkbox"/>] water/brine mixture		

TYPE COMPLETION:

[<input type="checkbox"/>] tubing & packer	packer setting depth _____ feet.
[<input type="checkbox"/>] packerless (tubing-no packer)	Maximum authorized pressure <u>400</u> psi.
[<input checked="" type="checkbox"/>] tubingless (no tubing)	Maximum authorized rate <u>100</u> 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>345</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Feb.	<u>347</u>	<u>29</u>				
Mar.	<u>328</u>	<u>31</u>				
Apr.	<u>316</u>	<u>30</u>				
May	<u>314</u>	<u>31</u>				
June	<u>315</u>	<u>30</u>				
July	<u>335</u>	<u>31</u>				
Aug.	<u>360</u>	<u>31</u>				
Sept.	<u>416</u>	<u>30</u>				
Oct.	<u>363</u>	<u>31</u>				
Nov.	<u>318</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Dec.	<u>428</u>	<u>31</u>	<u>0 200</u>	<u>50</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section IV 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 RECEIVED
Section II and III for each docket (project).

STATE CORPORATION COMMISSION

12/83 Form U3C