

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. 84,316C [ 84,355 ]  
KCC KDHE

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

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5913

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

Lease Name Gillies Well# W 37  
(if battery of wells, attach list with  
locations)

Feet from N/S section line 30' NL

Feet from W/E section line 30' WL

Field Bronson

County Bourbon

Disposal [  for Enhanced Recovery [  ]

Contact Person Louis McClain  
Phone 316-365-6013

Person (s) responsible for monitoring well Dean Ludlum  
Was this well/project reported last year? [  Yes ]  No  
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	Pressure psig Casing to Surf. Pipe
Jan.	<u>489</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Feb.	<u>400</u>	<u>29</u>				
Mar.	<u>413</u>	<u>31</u>				
Apr.	<u>427</u>	<u>30</u>				
May	<u>394</u>	<u>31</u>				
June	<u>314</u>	<u>30</u>				
July	<u>329</u>	<u>31</u>				
Aug.	<u>422</u>	<u>31</u>				
Sept.	<u>446</u>	<u>30</u>				
Oct.	<u>415</u>	<u>31</u>				
Nov.	<u>403</u>	<u>30</u>				
Dec.	<u>450</u>	<u>31</u>	<u>0</u>	<u>0</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  
Section II and III for each docket (project).

RECEIVED  
12/83 Form STATE CORPORATION COMMISSION