Reportin	g Period_/	-1-84-1	-/-85	92.	
TO: STATE CORPORATION CO CONSERVATION DIVISIO	•			, noo-	(DHE [] Wast
WICHITA, KANSAS 67202			E/2 NE/4SEC 16 ,T 24 S,R 21 [x] East		
ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY			Lease Name // Thompson Well# 1/7 (if battery of wells, attach list with locations) Feet from N/S section line 820 NL		
Operator License Number 59/3.			Feet from W/E section line 950FL		
Operator: Alco Drilling Co., Inc. Name & R#3 Address Lola, Mansas 66749 Contact Person Louis Mc Clair Phone 316-365-6013			Field BROWSON		
			County Bourbon		
]or Enhanced	
Person (s) responsib Was this well/projec List previous operat	le for monit t reported or if new on	toring well last year?[perator	DFAN L X Jyes [ludlum Ino	
I. INJECTION FLUID:					
Type: Source: Quality: []fresh water [X]produced water Total disolved solids ppm/mgm/liter [X]brine treated other: Additives (attach water analysis, if available) [.]water/brine mixture					
TYPE COMPLETION:					
[]tubing & packer []packerless (tub [x]tubingless (no	ing-no packe	er) Maximum	setting depth authorized p authorized p	ressure 400	
Total Fluid Month Injected in Month (bbl)	Days of Injection		Average Injection Pressure		Pressure psig Casing to Surf. Pipe
Jan. <u>O</u>	_30_		0		
Feb. <u>/37</u>	_29	320	320		
Mar	3/	320	320		
Apr. 105	30	320	-320		
May <u>132</u>	_3/	310	3/0		
June <u>98</u>	<u> 30</u>	3/0	3/0		
July 63	2/	7 7	خ م م	\	\

Well tests and the results during reporting period:

31

Aug.

Sept.

Oct.

Nov.

Dec.

6

340

^{*}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).

12/83 Form U3C RECEIVED