

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 [0-14,355]
RCC- KDHE

West
 East
E/2 NE/4 SEC 26, T 24 S, R 21

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name MT Thompson Well# W 22
(if battery of wells, attach list with locations)

Feet from N/S section line 850' NL

Operator License Number 5913

Feet from W/E section line 450' EL

Operator: Alco Drilling Co., Inc.
Name & R #3
Address IOLA, KANSAS 66749

Field BRAWSON

County BOURBON

Contact Person LOUIS Mc CHAIN
Phone 316-365-6013

Disposal [] or Enhanced Recovery []

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: [] fresh water [] brine treated [] brine untreated [] water/brine mixture
Source: [] produced water other: _____
Quality: Total dissolved solids 0 ppm/mgm/liter
Additives 0
(attach water analysis, if available)

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[] packerless (tubing-no packer) Maximum authorized pressure 400 psi.
[] tubingless (no tubing) Maximum authorized rate 100 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>632</u>	<u>30</u>	<u>140</u>	<u>140</u>	<u>0</u>	<u>0</u>		
Feb.	<u>425</u>	<u>29</u>	<u>190</u>	<u>190</u>				
Mar.	<u>444</u>	<u>31</u>	<u>230</u>	<u>230</u>				
Apr.	<u>387</u>	<u>30</u>	<u>240</u>	<u>240</u>				
May	<u>414</u>	<u>31</u>	<u>0</u>	<u>0</u>				
June	<u>436</u>	<u>30</u>	<u>0</u>					
July	<u>428</u>	<u>31</u>	<u>0</u>					
Aug.	<u>443</u>	<u>31</u>	<u>0</u>					
Sept.	<u>483</u>	<u>30</u>	<u>0</u>					
Oct.	<u>479</u>	<u>31</u>	<u>0</u>					
Nov.	<u>443</u>	<u>30</u>	<u>50</u>	<u>50</u>				
Dec.	<u>464</u>	<u>31</u>	<u>75</u>	<u>75</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).

12/83 Form U3C

RECEIVED
STATE CORPORATION COMMISSION
MAR 08 1985