

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. 8.3264 C [C-1406]  
KCC KDHE

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

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name CANAC Well# W 30  
(if battery of wells, attach list with  
locations)

Feet from N/S section line 1805' SL

Operator License Number 5913

Feet from W/E section line 195.5' WL

Operator: Fico Drilling Co., Inc.  
Name & R #3  
Address Iola, Kansas 66749

Field BRANSON

County Bourbon

Contact Person Louis McClain  
Phone 316-365-6013

Disposal [ ] or Enhanced Recovery [ X ]

Person (s) responsible for monitoring well Dean Ludlum  
Was this well/project reported last year? [ X ] yes [ ] no  
List previous operator if new operator \_\_\_\_\_

I. INJECTION FLUID:

Type: [ ] fresh water [ X ] brine treated [ ] brine untreated [ ] water/brine mixture  
Source: [ X ] 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.  
[ X ] 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>630</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Feb.	<u>566</u>	<u>29</u>				
Mar.	<u>853</u>	<u>31</u>				
Apr.	<u>945</u>	<u>30</u>				
May	<u>975</u>	<u>31</u>				
June	<u>987</u>	<u>30</u>				
July	<u>1053</u>	<u>31</u>				
Aug.	<u>935</u>	<u>31</u>				
Sept.	<u>966</u>	<u>30</u>				
Oct.	<u>1006</u>	<u>31</u>				
Nov.	<u>889</u>	<u>30</u>				
Dec.	<u>951</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).