

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. 8.3264C [C-14061]
KCC KDHE

X SN 4 SEC 25, T 24 S, R 21 [] West
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name CAMAC Well# W 34
(if battery of wells, attach list with
locations)

Feet from N/S section line 1155' SL

Operator License Number 5913

Feet from W/E section line 2266' WL

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

Field Bronson

County Bourbon

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

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>495</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Feb.	<u>567</u>	<u>29</u>				
Mar.	<u>459</u>	<u>31</u>				
Apr.	<u>449</u>	<u>30</u>				
May	<u>470</u>	<u>31</u>				
June	<u>462</u>	<u>30</u>				
July	<u>463</u>	<u>31</u>				
Aug.	<u>412</u>	<u>31</u>				
Sept.	<u>453</u>	<u>30</u>				
Oct.	<u>428</u>	<u>31</u>				
Nov.	<u>391</u>	<u>30</u>				
Dec.	<u>422</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).