

Reporting Period 1984

Is not entered on the computer

DOCKET NO. 59,091-C [E-6851]
KCC KDHE

SEC 15, T 24 S, R 21 [] West [x] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Dawson Well# 2
(if battery of wells, attach list with locations)

Operator License Number 6954

Feet from N/S section line 4320

Feet from W/E section line 700

Operator: Name & Address
Dee Eastwood
Rt 1 Box 34
Bronson, Ks 66716

Field Bronson, Davis

County Allen

Contact Person Erma Eastwood
Phone 316 939-4355

Disposal [] or Enhanced Recovery [x]

Person (s) responsible for monitoring well Dee Eastwood
Was this well/project reported last year? [x] yes [] no
List previous operator if new operator

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth feet:
[] packerless (tubing-no packer) Maximum authorized pressure 625 psi.
[] tubingless (no tubing) Maximum authorized rate 50 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.	7750	31	500	450	0	20
Feb.	7250	29	"	"	"	"
Mar.	7750	31	"	"	"	"
Apr.	7500	30	"	"	"	"
May	7750	31	"	"	"	"
June	7500	30	"	"	"	"
July	7750	31	"	"	"	"
Aug.	7750	31	"	"	"	"
Sept.	7500	30	"	"	"	"
Oct.	7750	31	"	"	"	"
Nov.	7500	30	"	"	"	"
Dec.	7750	31	"	"	"	"

Well tests and the results during reporting period: none

*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).

Project _____ DOCKET # 59,091-C [C-6851] for 1984

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

- Controlled waterflood [W]
 Pressure maintenance [P]
 Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

- Steam Flood [S] Fire Flood [F] Surfactant, Chemical Flood [C]
 CO2 Injection [O] Air Injection [A] N2 Injection [N]
 Natural Gas Injection [G] Polymer/Micellar Flood [P] Other

Oil Producing Zone:

Name: Bartlesville Depth 650 feet. Average Thickness 10 feet.

Oil Gravity 24 API

Production wells from this docket:

- a. Total number producing during reporting year 19
b. Number drilled in reporting year 0
c. Number abandoned in reporting year 0
d. Total number of injection wells assisting production this project 12

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	<u>Current Year</u>	<u>Cumulative</u>
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	<u>91,500</u>	<u>NA</u>
B. Gas or air injected into producing zone (MCF)	<u>0</u>	<u> </u>
C. Oil production from project area (BBLs) (Total)	<u>2498</u>	<u> </u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>2498</u>	<u> </u>
E. Oil recovered by <u>Tertiary Recovery</u> such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, <u>but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.</u>	<u>0</u>	<u> </u>

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 11 February 1985

Signature Erma Eastwood

Name Erma Eastwood

Title secretary

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.