Reporting Period 1984

TO:
STATE CORPORATION COMMISSION
CONSERVATION DIVISION - UIC SECTION
200 COLORADO DERBY BUILDING
WICHITA, KANSAS 67202

X

DOCKET NO. E-14575 [ ]
KCC KDHE

[ ] West
SEC 22 ,T 24 S,R 12 [x] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Texas Johnson Well# 18
(if battery of wells, attach list with locations)
Feet from N/S section line 330
Feet from W/E section line 990

Operator License Number 5951

Operator: Alf M. Landon
Name & Address: 1001 Fillmore St.
Topeka, Kansas 66604

Field Virgil
County Greenwood

Disposal[X]or Enhanced Recovery[X]

Contact Person James W. VanRoyen
Phone 316 678 3861

Person (s) responsible for monitoring well James W. VanRoyen
Was this well/project reported last year? [X]yes [ ]no
List previous operator if new operator

I. INJECTION FLUID:

Type:
[ ]fresh water
[ ]brine-treated
[ ]brine untreated
[ ]water/brine mixture

Source:
[X]produced water
other:

Quality:
Total disolved solids ppm/mgm/liter
Additives
(attach water analysis, if available)

TYPE COMPLETION:

[ ]tubing & packer
[ ]packerless (tubing-no packer)
[X]tubingless (no tubing)

packer setting depth feet.
Maximum authorized pressure psi.
Maximum authorized rate 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.	2950	19	700	700		
Feb.	4790	29	700	700		
Mar.	5070	29	700	700		
Apr.	5310	30	700	700		
May	5205	31	700	700		
June	5321	30	700	700		
July	5418	31	700	700		
Aug.	5435	31	700	700		
Sept.	5329	30	700	700		
Oct.	5511	31	700	700		
Nov.	4852	30	700	700		
Dec.	4724	31	700	700		

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section D 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 B and C for each docket (project).

12/83 Form U3C

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Wichita, Kansas

Project _____ DOCKET # C-14575 [_____] for 1984

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

[ ] Controlled waterflood [W]
[x] 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: Prue Depth 1385 feet. Average Thickness 19 feet.

Oil Gravity _____ API

Production wells from this docket:

a. Total number producing during reporting year 22.

b. Number drilled in reporting year 0.

c. Number abandoned in reporting year 1 •plugged

d. Total number of injection wells assisting production this project 3.

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.

		Current Year	Cumulative
A.	Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	59,915	
B.	Gas or air injected into producing zone (MCF)		
C.	Oil production from project area (BBLS) (Total)		
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)		
E.	Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combution process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.		

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 2-28-85

Signature _____

Name Alf M. Landon

Title Owner

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

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Wichita, Kansas

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