

Reporting Period 1984

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

DOCKET NO. C-14897 [86153C]
KCC KDHE

N_{1/2} SEC 27 T 25 S, R 19 [] West
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name E.K.Richards Well# 15
(if battery of wells, attach list with
locations)

Feet from N/S section line 1100 FNL

Operator License Number 5765

Feet from W/E section line 660 FWL

Operator: Tech American Res.
Name & RR-1 Box 46 A
Address Laharpe, Kans. 66751

Field Laharpe

County Allen

Contact Person D.M.Ar buckle Feild Supt.
Phone (316) 496- 2576

Disposal[] or Enhanced Recovery[]

Person (s) responsible for monitoring well D.M.Ar buckle Feild Supt.
Was this well/project reported last year? [X] yes [] no
List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth none feet.
[] packerless (tubing-no packer) Maximum authorized pressure 650 psi.
[X] tubingless (no tubing) Maximum authorized rate 140 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>29</u>	<u>31</u>	<u>650</u>	<u>500</u>	<u>0</u>	<u>0</u>
Feb.	<u>424</u>	<u>28</u>	<u>650</u>	<u>550</u>	<u>0</u>	<u>0</u>
Mar.	<u>163</u>	<u>31</u>	<u>650</u>	<u>550</u>	<u>0</u>	<u>0</u>
Apr.	<u>162</u>	<u>30</u>	<u>650</u>	<u>525</u>	<u>0</u>	<u>0</u>
May	<u>268</u>	<u>31</u>	<u>650</u>	<u>525</u>	<u>0</u>	<u>0</u>
June	<u>170</u>	<u>30</u>	<u>650</u>	<u>500</u>	<u>0</u>	<u>0</u>
July	<u>208</u>	<u>31</u>	<u>650</u>	<u>500</u>	<u>0</u>	<u>0</u>
Aug.	<u>160</u>	<u>31</u>	<u>650</u>	<u>500</u>	<u>0</u>	<u>0</u>
Sept.	<u>266</u>	<u>30</u>	<u>650</u>	<u>525</u>	<u>0</u>	<u>0</u>
Oct.	<u>192</u>	<u>31</u>	<u>650</u>	<u>500</u>	<u>0</u>	<u>0</u>
Nov.	<u>152</u>	<u>30</u>	<u>650</u>	<u>500</u>	<u>0</u>	<u>0</u>
Dec.	<u>109</u>	<u>31</u>	<u>650</u>	<u>500</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 pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
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 FEB 04 1985