	Reportin	g Period	1984			
TO: STATE CORPORATION COMMISSION CONSERVATION DIVISION — UIC SECTION 200 COLORADO DERBY BUILDING WICHITA, KANSAS 67202 ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY				K		DHE
				N½ SEC_	22 ,T 25 S,R	19[X] East
				Lease Name H.P.Morrison Well# 11 (if battery of wells, attach list with locations) Feet from N/S section line 30 FNL		
Operator License Number 5765				Feet from W/E section line 1890 FWL		
Operator: Tech American Res. RR-1 Box 46A Address Laharpe, Kans. 66751 Contact Person D.M.Arbuckle Feild Supt. Phone (316) 496-2576				Field Laharpe		
				County_ Allen		
				Disposal[]or Enhanced Recovery[
Person Was th	(s) responsib is well/projec revious operat	ole for moni ct reported	last year?		e Jno	
I. INJ	ECTION FLUID:					
[]b	resh water rine treated rine untreated ater/brine mix	other:	oduced wate	Additives	olved solidsN/A	
TYPE C	OMPLETION:					
[]p	ubing & packer ackerless (tub ubingless (no	oing-no pack	er) Maximum	setting depth authorized p authorized o	ressure	
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.	400	31	650	600	0	0
Feb.	850	28	650	610	0	0
Mar.	1047	31	650	610		
Apr.	917	30	650	600	0	0
May	781	31	650	590	0	0
June	954	30	650	600	0	0
July	957	31	650	600	0	0
Aug.	804	31	650	600	0	0
Sept.	506	30	650	575	0	0
Oct.	682	31	650	575	0	0
Nov.	606	30	650	<u>580</u>	0	0
Dec.	458	31	650	550	0 1.750	NECO IL

Well tests and the results during reporting period:

FEB 0 4 1995

^{*}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 11 and III for each docket (project).

12/83 Form U3C