

Reporting Period 1984

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

DOCKET NO. C-14357 [ 84319C ]  
KCC KDHE

N<sub>1/2</sub> SEC 22, T 25 S, R 19 [ ] West  
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name H.P.Morrison Well# 14  
(if battery of wells, attach list with  
locations) 2630 FNL

Feet from N/S section line 2630 FNL

Operator License Number 5765

Feet from W/E section line 840 FWL

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

Field Laharpe

County Allen

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

Disposal [ ] or Enhanced Recovery [ ]

Person (s) responsible for monitoring well D.M.Arbuckle  
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 \_\_\_\_\_ 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>443</u>	<u>31</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Feb.	<u>494</u>	<u>28</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Mar.	<u>606</u>	<u>31</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Apr.	<u>600</u>	<u>30</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
May	<u>620</u>	<u>31</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
June	<u>576</u>	<u>30</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
July	<u>754</u>	<u>31</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Aug.	<u>646</u>	<u>31</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Sept.	<u>465</u>	<u>30</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Oct.	<u>533</u>	<u>31</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Nov.	<u>467</u>	<u>30</u>	<u>650</u>	<u>225</u>	<u>0</u>	<u>0</u>
Dec.	<u>368</u>	<u>31</u>	<u>650</u>	<u>220</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

FEB 04 1985

\*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).

12/83 Form U3C