

15-001-20154

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 $\frac{1}{2}$  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# 6  
(if battery of wells, attach list with  
locations)

Operator License Number 5765

Feet from N/S section line 908 FNL

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

Feet from W/E section line 2685 FEL

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

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.	569	31	650	400	0	0
Feb.	965	28	650	450	0	0
Mar.	1167	31	650	500	0	0
Apr.	991	30	650	475	0	0
May	986	31	650	475	0	0
June	936	30	650	475	0	0
July	910	31	650	475	0	0
Aug.	788	31	650	475	0	0
Sept.	750	30	650	470	0	0
Oct.	775	31	650	470	0	0
Nov.	650	30	650	465	0	0
Dec.	620	31	650	460	0	0

Well tests and the results during reporting period:

RECEIVED  
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).