

Reporting Period 1984

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

DOCKET NO. B18507 [JOHNSON W1]
RCC KDHE
SW SEC 6, T 25 S, R 20 [] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name JOHNSON Well# W1
(if battery of wells, attach list with
locations)
Feet from S section line 330

Operator License Number 6137

Feet from W section line 50

Operator: DONALD & JACK ENSMINGER
Name & PRI BOXTS
Address MORAN KANSAS

Field MORAN
County ALLEN

Contact Person DON ENSMINGER
Phone 316-237-4320

Disposal [] or Enhanced Recovery []

Person (s) responsible for monitoring well DONALD ENSMINGER
Was this well/project reported last year? Yes [] No
List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[] packerless (tubing-no packer) Maximum authorized pressure 600 psi.
[] tubingless (no tubing) Maximum authorized rate 50 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>465</u> | <u>31</u> | <u>300</u> | <u>200</u> | | |
| Feb. | <u>420</u> | <u>28</u> | <u>"</u> | <u>"</u> | | |
| Mar. | <u>465</u> | <u>31</u> | <u>"</u> | <u>"</u> | | |
| Apr. | <u>450</u> | <u>30</u> | <u>"</u> | <u>"</u> | | |
| May | <u>465</u> | <u>31</u> | <u>"</u> | <u>"</u> | | |
| June | <u>480</u> | <u>30</u> | <u>"</u> | <u>"</u> | | |
| July | <u>465</u> | <u>31</u> | <u>"</u> | <u>"</u> | | |
| Aug. | <u>465</u> | <u>31</u> | <u>"</u> | <u>"</u> | | |
| Sept. | <u>450</u> | <u>30</u> | <u>"</u> | <u>"</u> | | |
| Oct. | <u>465</u> | <u>31</u> | <u>"</u> | <u>"</u> | | |
| Nov. | <u>450</u> | <u>30</u> | <u>"</u> | <u>"</u> | | |
| Dec. | <u>465</u> | <u>31</u> | <u>"</u> | <u>"</u> | | |

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).