

Reporting Period JAN DEC 1984

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

DOCKET NO. C-14856 [85981]
KCC KDHE

SEC 1, T 15S, R 20 [] West
[] East

Lease Name KOESTER Well# 9
(if battery of wells, attach list with locations)

Feet from N/S section line 5250

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 6032

Feet from W/E section line 1330

Operator: INEXCO OIL COMPANY
Name & RR 2
Address MORAN, KS. 66755

Field MORAN

County ALLEN

Disposal [] or Enhanced Recovery []

Contact Person KENNETH OGLE
Phone 1-316-237-4575

Person (s) responsible for monitoring well RUSSEL GUDER

Was this well/project reported last year? [] yes [] no

List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[] packerless (tubing-no packer) Maximum authorized pressure _____ psi.
[] tubingless (no tubing) Maximum authorized rate _____ 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>464</u>	<u>31</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</u>
Feb.	<u>647</u>	<u>29</u>	<u>540</u>	<u>540</u>	<u>0</u>	<u>0</u>
Mar.	<u>650</u>	<u>31</u>	<u>530</u>	<u>530</u>	<u>0</u>	<u>0</u>
Apr.	<u>700</u>	<u>30</u>	<u>530</u>	<u>530</u>	<u>0</u>	<u>0</u>
May	<u>787</u>	<u>31</u>	<u>510</u>	<u>510</u>	<u>0</u>	<u>0</u>
June	<u>762</u>	<u>30</u>	<u>480</u>	<u>480</u>	<u>0</u>	<u>0</u>
July	<u>637</u>	<u>31</u>	<u>520</u>	<u>520</u>	<u>0</u>	<u>0</u>
Aug.	<u>577</u>	<u>31</u>	<u>540</u>	<u>540</u>	<u>0</u>	<u>0</u>
Sept.	<u>936</u>	<u>30</u>	<u>460</u>	<u>460</u>	<u>0</u>	<u>0</u>
Oct.	<u>779</u>	<u>31</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</u>
Nov.	<u>540</u>	<u>30</u>	<u>590</u>	<u>590</u>	<u>0</u>	<u>0</u>
Dec.	<u>586</u>	<u>31</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</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).

STATE CORPORATION COMMISSION 12/83 Form U3C

JAN 18 1985