Reporting Period 1-1-84 to 12-31-84

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

DOCKET NO. E-23-287 KCC [ ] KDHE

[ ] West
NE¼ SEC 1 ,T 26 S,R 19 [x] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Pool Well# WI-2
(if battery of wells, attach list with locations)
Feet from N/S section line 2654
Feet from E/E section line 2281

Operator License Number 9303

Operator: Omega Minerals, Inc.
Name & Address 950 First City Bank Tower
Corpus Christi, Texas 78477

Field Humboldt-Chanute
County Allen

Disposal[ ]or Enhanced Recovery[X]

Contact Person Peggy Erwin
Phone (512) 888-9361

Person (s) responsible for monitoring well C.R. (Dick) Daugherty
Was this well/project reported last year? [ ]yes [X]no
List previous operator if new operator

I. INJECTION FLUID:

Type:
[ ]fresh water
[ ]brine treated
[ ]brine untreated
[ ]water/brine mixture

Source:
[X]produced water
other:

Quality:
Total disolved solids 3404 ppm ~~mgm~~ ~~liter~~
Additives Strong Acid Solution
(attach water analysis, if available)

TYPE COMPLETION:

[x]tubing & packer
[ ]packerless (tubing-no packer)
[ ]tubingless (no tubing)

packer setting depth 760 feet.
Maximum authorized pressure 350 psi.
Maximum authorized rate 100 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.	-0-					
Feb.	-0-					
Mar.	-0-					
Apr.	-0-					
May	-0-					
June	-0-					
July	-0-	OPERATIONS COMMENCED 8-13-84				
Aug.	70	7	-0-	-0-	-0-	-0-
Sept.	323	30	-0-	-0-	-0-	-0-
Oct.	276	31	-0-	-0-	-0-	-0-
Nov.	592	29	160	126	-0-	-0-
Dec.	381	15	200	162	-0-	-0-

Well tests and the results during reporting period:

*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

STATE CORPORATION COMMISSION
MAR 18 1985
CONSERVATION DIVISION

Project Pool DOCKET # E-23-287 [ ] for 198 5

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

[X] Controlled waterflood [W]
[ ] Pressure maintenance [P]
[ ] Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

[ ] Steam Flood [S] [ ] Fire Flood [F] [ ] Surfactant Chemical Flood [C]

[ ] CO2 Injection [O] [ ] Air Injection [A] [ ] N2 Injection [N]

[ ] Natural Gas Injection [G] [ ] Polymer/Micellar Flood [P] [ ] Other

Oil Producing Zone:

Name: Cattleman Depth 780 feet. Average Thickness 15 feet.

Oil Gravity 29° API

Production wells from this docket:

a. Total number producing during reporting year 6.

b. Number drilled in reporting year 6.

c. Number abandoned in reporting year 0.

d. Total number of injection wells assisting production this project 6.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

		Current Year	Cumulative
A.	Liquid injected or dumped into producing zone (BBLS) (from side one for current year)	10.5 10,496	10.5 10,496
B.	Gas or air injected into producing zone (MCF)	-0-	-0-
C.	Oil production from project area (BBLS) (Total)		
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	3.5 3,492	3.5 3,492
E.	Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combution process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	-0-	-0-

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IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 3-14-85

Signature Royis Ward

Name Royis Ward

Title President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

12/83 FORM U3C