

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

NE SEC 1, T 26 S, R 19  West  
 East

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 9303

Operator:

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

Lease Name Pool Well# WI-6  
(if battery of wells, attach list with  
locations)

Feet from NE/S section line 3471

Feet from NW/E section line 2268

Field Humboldt-Chanute

County Allen

Disposal [ ] or Enhanced Recovery [  ]

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  No

List previous operator if new operator \_\_\_\_\_

I. INJECTION FLUID:

Type: fresh water Source:  produced water  
 brine treated other: \_\_\_\_\_  
 brine untreated \_\_\_\_\_  
 water/brine mixture \_\_\_\_\_

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

TYPE COMPLETION:

tubing & packer packer setting depth 781 feet.  
 packerless (tubing-no packer) Maximum authorized pressure 350 psi.  
 tubingless (no tubing) 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.	134	9	160	87	-0-	-0-
Sept.	229	30	185	144	-0-	-0-
Oct.	52	31	200	167	-0-	-0-
Nov.	20	30	240	202	-0-	-0-
Dec.	733	31	235	208	-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).