

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

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

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 9303

Operator:

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

Contact Person Peggy Erwin
Phone (512) 888-9361

Lease Name Pool Well# WI-5
(if battery of wells, attach list with
locations)

Feet from N/S section line 3468

Feet from E section line 2654

Field Humboldt-Chanute

County Allen

Disposal [] or Enhanced Recovery [x]

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: Source: Quality:
[] fresh water [x] produced water Total dissolved solids 3404 ppm/mgm/liter
[] brine treated other: _____ Additives Strong Acid Solution
[] brine untreated (attach water analysis, if available)
[] water/brine mixture

TYPE COMPLETION:

[x] tubing & packer packer setting depth 766 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.	<u>1</u>	<u>9</u>	<u>200</u>	<u>185</u>	<u>-0-</u>	<u>-0-</u>
Sept.	<u>347</u>	<u>25</u>	<u>140</u>	<u>65</u>	<u>-0-</u>	<u>-0-</u>
Oct.	<u>304</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>-0-</u>	<u>-0-</u>
Nov.	<u>577</u>	<u>29</u>	<u>70</u>	<u>44</u>	<u>-0-</u>	<u>-0-</u>
Dec.	<u>651</u>	<u>31</u>	<u>115</u>	<u>86</u>	<u>-0-</u>	<u>-0-</u>

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

MAR 18 1985