

Reporting Period JAN - DEC 1984

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

DOCKET NO. C-17691 [103-707-C]
KCC KDHE

SEC 13, T 26 S, R 20 [] West
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name ERICSON Well# W-14
(if battery of wells, attach list with
locations)

Feet from N/S section line 500

Operator License Number 6032

Feet from W/E section line 5180

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

Field ELSMORE

County ALLEN

Disposal [] or Enhanced Recovery [X]

Contact Person KENNETH COLE
Phone 1-316-337-4575

Person (s) responsible for monitoring well DAVID MILLS
Was this well/project reported last year? [X] yes [] no
List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[X] 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>0</u>	<u>0</u>	<u>off</u>	<u>off</u>	<u>0</u>	<u>0 BREAK out</u>
Feb.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Mar.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Apr.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
May	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
June	<u>310</u>	<u>30</u>	<u>480</u>	<u>480</u>	<u>0</u>	<u>0</u>
July	<u>311</u>	<u>31</u>	<u>410</u>	<u>410</u>	<u>0</u>	<u>0</u>
Aug.	<u>298</u>	<u>22</u>	<u>380</u>	<u>380</u>	<u>0</u>	<u>0</u>
Sept.	<u>338</u>	<u>22</u>	<u>510</u>	<u>510</u>	<u>0</u>	<u>0</u>
Oct.	<u>392</u>	<u>31</u>	<u>540</u>	<u>540</u>	<u>0</u>	<u>0</u>
Nov.	<u>372</u>	<u>30</u>	<u>570</u>	<u>570</u>	<u>0</u>	<u>0</u>
Dec.	<u>372</u>	<u>31</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</u>

STATE CORPORATION COMMISSION

Well tests and the results during reporting period:

MIT TEST 6-28-84

JAN 18 1985

*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).

12/83 Form U3C