

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
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

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

Feet from N/S section line 720

Operator License Number 6032

Feet from W/E section line 4700

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

Field ELSMORE

County ALLEN

Disposal [] or Enhanced Recovery []

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

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

I. INJECTION FLUID:

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

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>303</u> | <u>31</u> | <u>500</u> | <u>500</u> | <u>0</u> | <u>0</u> |
| Feb. | <u>251</u> | <u>29</u> | <u>470</u> | <u>470</u> | <u>0</u> | <u>0</u> |
| Mar. | <u>195</u> | <u>31</u> | <u>510</u> | <u>510</u> | <u>0</u> | <u>0</u> |
| Apr. | <u>239</u> | <u>30</u> | <u>540</u> | <u>540</u> | <u>0</u> | <u>0</u> |
| May | <u>227</u> | <u>31</u> | <u>580</u> | <u>580</u> | <u>0</u> | <u>0</u> |
| June | <u>137</u> | <u>30</u> | <u>370</u> | <u>370</u> | <u>0</u> | <u>0</u> |
| July | <u>100</u> | <u>22</u> | <u>460</u> | <u>460</u> | <u>0</u> | <u>0</u> |
| Aug. | <u>385</u> | <u>30</u> | <u>480</u> | <u>480</u> | <u>0</u> | <u>0</u> |
| Sept. | <u>395</u> | <u>30</u> | <u>450</u> | <u>450</u> | <u>0</u> | <u>0</u> |
| Oct. | <u>558</u> | <u>31</u> | <u>440</u> | <u>440</u> | <u>0</u> | <u>0</u> |
| Nov. | <u>525</u> | <u>30</u> | <u>450</u> | <u>450</u> | <u>0</u> | <u>0</u> |
| Dec. | <u>589</u> | <u>31</u> | <u>460</u> | <u>460</u> | <u>0</u> | <u>0</u> |

STATE CORPORATION COMMISSION

Well tests and the results during reporting period:
MFL TEST 7-12-84

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