

Reporting Period 1/1/84 - 12/31/84

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

DOCKET NO. 106,840-2 [C-18163]
KCC KDHE

NE 1/2 SEC 32, T 26 S, R 20 [] West
[☒] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

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

Feet from N/S section line _____

Operator License Number 6130

Feet from W/E section line _____

Operator: RENFLOW OIL

Name & Address P.O. Box 963

CHANUTE, KS. 66720

Field BELKNA PROBLE - HAMBROS - CHANUTE

County ALLEN

Disposal [] or Enhanced Recovery [☒]

Contact Person TOM WOLFNER

Phone (316) 431-0390

Person (s) responsible for monitoring well TOM WOLFNER

Was this well/project reported last year? [☒] Yes [] No

List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer
[] packerless (tubing-no packer)
[☒] tubingless (no tubing)
packer setting depth _____ feet.
Maximum authorized pressure 750 psi.
Maximum authorized rate 200 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>558</u>	<u>31</u>		<u>150</u>		
Feb.	<u>522</u>	<u>29</u>		<u>150</u>		
Mar.	<u>558</u>	<u>31</u>		<u>150</u>		
Apr.	<u>540</u>	<u>30</u>		<u>150</u>		
May	<u>558</u>	<u>31</u>		<u>150</u>		
June	<u>540</u>	<u>30</u>		<u>150</u>		
July	<u>558</u>	<u>31</u>		<u>150</u>		
Aug.	<u>558</u>	<u>31</u>		<u>150</u>		
Sept.	<u>540</u>	<u>30</u>		<u>150</u>		
Oct.	<u>558</u>	<u>31</u>		<u>150</u>		
Nov.	<u>540</u>	<u>30</u>		<u>150</u>		
Dec.	<u>558</u>	<u>31</u>		<u>150</u>		

Well tests and the results during reporting period:

*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

STATE CORPORATION COMMISSION