

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. 106,848 - C [C-18163]
KCC KDHE

SEC 29, T 26 S, R 20 [] West
[x] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name CAMPBELL Well# Z-14
(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 & P.O. Box 963

Address CHANDLER, KS. 66720

Field BECKER DISTRICT - HUMBOLDT - CHANDLER

County ALLEN

Disposal [] or Enhanced Recovery [x]

Contact Person TOM WOLFEN

Phone (316) 431-0340

Person (s) responsible for monitoring well TOM WOLFEN

Was this well/project reported last year? [x] yes [] no

List previous operator if new operator _____

I. INJECTION FLUID:

Type:

[] fresh water

[x] brine treated

[] brine untreated

[] water/brine mixture

Source:

[x] 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 _____ psi.

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>124</u>	<u>31</u>	<u>400</u>	<u>100</u>		
Feb.	<u>116</u>	<u>29</u>	<u>400</u>	<u>100</u>		
Mar.	<u>124</u>	<u>31</u>	<u>400</u>	<u>100</u>		
Apr.	<u>120</u>	<u>30</u>	<u>400</u>	<u>100</u>		
May	<u>124</u>	<u>31</u>	<u>400</u>	<u>100</u>		
June	<u>120</u>	<u>30</u>	<u>400</u>	<u>100</u>		
July	<u>120</u>	<u>30</u>	<u>400</u>	<u>100</u>		
Aug.	<u>124</u>	<u>31</u>	<u>400</u>	<u>100</u>		
Sept.	<u>120</u>	<u>30</u>	<u>400</u>	<u>100</u>		
Oct.	<u>124</u>	<u>31</u>	<u>400</u>	<u>100</u>		
Nov.	<u>120</u>	<u>30</u>	<u>400</u>	<u>100</u>		
Dec.	<u>124</u>	<u>31</u>	<u>400</u>	<u>100</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

JAN 07 1985