

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. 106,848-2 [2-18/63]
KCC KDHE

SW/4 SEC 29, T 26 S, R 20 [] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name MANSION - CAMPSIDE Well # F-26
(if battery of wells, attach list with
locations)

Feet from N/S section line _____

Feet from W/E section line _____

Field WELLS PROJECT HUMBERT - CHANUTE

County ALLAN

Disposal [] or Enhanced Recovery []

Operator License Number 6130

Operator: RENFLOW OIL
Name & P.O. BOX 963
Address CHANUTE, KS. 66720

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 [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 packer setting depth _____ feet.
[] packerless (tubing-no packer) Maximum authorized pressure 750 psi.
[x] tubingless (no tubing) 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.	—	—	—	—	—	—
Feb.	—	—	—	—	—	—
Mar.	<u>504</u>	<u>18</u>	<u>400</u>	<u>100</u>	—	—
Apr.	<u>840</u>	<u>30</u>	<u>400</u>	<u>100</u>	—	—
May	<u>868</u>	<u>31</u>	<u>400</u>	<u>100</u>	—	—
June	<u>840</u>	<u>30</u>	<u>400</u>	<u>100</u>	—	—
July	<u>840</u>	<u>30</u>	<u>400</u>	<u>100</u>	—	—
Aug.	<u>868</u>	<u>31</u>	<u>400</u>	<u>100</u>	—	—
Sept.	<u>840</u>	<u>30</u>	<u>400</u>	<u>100</u>	—	—
Oct.	<u>868</u>	<u>31</u>	<u>400</u>	<u>100</u>	—	—
Nov.	<u>840</u>	<u>30</u>	<u>400</u>	<u>100</u>	—	—
Dec.	<u>868</u>	<u>31</u>	<u>400</u>	<u>00</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).

RECEIVED
STATE CORPORATION COMMISSION

12/83 Form U3C

-1- JAN 07 1985

CONSERVATION DIVISION
Wichita, Kansas