

Reporting Period JAN DEC 1984

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

DOCKET NO. C-17691 [103-207-C]
KCC KDHE

X SEC 13, T 26 S, R 30 [] West [x] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name ERICSON Well# 31
(if battery of wells, attach list with
locations)

Operator License Number 6032

Feet from N/S section line 950

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

Feet from W/E section line 3880

Field ELSMORE

County ALLEN

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

Disposal [] or Enhanced Recovery [X]

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

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>660</u>	<u>31</u>	<u>370</u>	<u>370</u>	<u>0</u>	<u>0</u>
Feb.	<u>559</u>	<u>29</u>	<u>450</u>	<u>450</u>	<u>0</u>	<u>0</u>
Mar.	<u>538</u>	<u>31</u>	<u>420</u>	<u>420</u>	<u>0</u>	<u>0</u>
Apr.	<u>507</u>	<u>30</u>	<u>400</u>	<u>400</u>	<u>0</u>	<u>0</u>
May	<u>282</u>	<u>17</u>	<u>450</u>	<u>450</u>	<u>0</u>	<u>0</u>
June	<u>0</u>	<u>0</u>	<u>590</u>	<u>590</u>	<u>0</u>	<u>0</u>
July	<u>0</u>	<u>0</u>	<u>590</u>	<u>590</u>	<u>0</u>	<u>0</u>
Aug.	<u>561</u>	<u>30</u>	<u>400</u>	<u>400</u>	<u>0</u>	<u>0</u>
Sept.	<u>896</u>	<u>30</u>	<u>340</u>	<u>340</u>	<u>0</u>	<u>0</u>
Oct.	<u>744</u>	<u>31</u>	<u>340</u>	<u>340</u>	<u>0</u>	<u>0</u>
Nov.	<u>720</u>	<u>30</u>	<u>330</u>	<u>330</u>	<u>0</u>	<u>0</u>
Dec.	<u>744</u>	<u>31</u>	<u>330</u>	<u>330</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

m.t (test) 8-6-84

RECEIVED
STATE CORPORATION COMMISSION

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 for Section B and C for each docket (project).