

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

SEC 13, T 26 S, R 20 [] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name ERICSON Well# R-13
(if battery of wells, attach list with
locations)

Feet from N/S section line 270

Operator License Number 6032

Feet from W/E section line 3790

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

Field ELSMORE

County ALLEN

Disposal [] or Enhanced Recovery []

Contact Person KENNETH COLE
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: [] fresh water Source: [] produced water Quality: 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>552</u>	<u>31</u>	<u>460</u>	<u>460</u>	<u>0</u>	<u>0</u>
Feb.	<u>494</u>	<u>29</u>	<u>475</u>	<u>475</u>	<u>0</u>	<u>0</u>
Mar.	<u>419</u>	<u>31</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
Apr.	<u>528</u>	<u>30</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
May	<u>515</u>	<u>31</u>	<u>480</u>	<u>480</u>	<u>0</u>	<u>0</u>
June	<u>560</u>	<u>30</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
July	<u>543</u>	<u>31</u>	<u>480</u>	<u>480</u>	<u>0</u>	<u>0</u>
Aug.	<u>539</u>	<u>31</u>	<u>460</u>	<u>460</u>	<u>0</u>	<u>0</u>
Sept.	<u>392</u>	<u>30</u>	<u>460</u>	<u>460</u>	<u>0</u>	<u>0</u>
Oct.	<u>620</u>	<u>31</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
Nov.	<u>630</u>	<u>30</u>	<u>430</u>	<u>430</u>	<u>0</u>	<u>0</u>
Dec.	<u>651</u>	<u>31</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

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

12/83 Form U3C