TO: STATE CORPORATION COMMISSION CONSERVATION DIVISION - UIC SECTION				DOCKET NO C	_17350 (CC	[101,208-C KDHE							
200 CO	LORADO DERBY B A, KANSAS 6720	BUILDING	1100	NE/4SEC	21 ,T 26 S	,R 21 [x] East							
ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY Operator: Name & Wintershall Oil & Gas Corp. Address P. O. Box 7 Address Elsmore, Ks. 66732 Contact Person Cliff Sperry Phone (316) 754-3247				Lease Name WILLIAMS Well# w-8 (if battery of wells, attach list with locations) Feet from N# section line /380 Feet from W# section line 400 Field Elsmore Shoestring County Allen Disposal[]or Enhanced Recovery[*]									
							Was th	(s) responsibility is well/projections operated	ct reported	last year?	x yes	rd Jno sources, Inc	. # 7083
							I. INJ	ECTION FLUID:					
							[x]b	resh water orine treated orine untreated oater/brine mix	other: M	oduced water	Quality: Total disolved solidsppm/mgm/liter Additives <u>See attached schedule</u> (attach water analysis, if available)		
							TYPE C	OMPLETION:				ř	
Γ]t	ubing & packer	_											
[x]p []t	ackerless (tul ubingless (no	r bing-no pack tubing)	packer : er) Maximum Maximum	setting deptl authorized authorized	n fee pressure 650 rate 30 bl	psi. 01/day.							
[x]p []t	ackerless (tub cubingless (no Total Fluid Injected in Month (bbl)	bing-no pack tubing) Days of Injection	packer ser) Maximum Maximum Maximum Injection Pressure	setting dept authorized p authorized Average Injection Pressure	n fee pressure 650 rate 30 bb Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
[x]p []t	ackerless (tub subingless (no Total Fluid Injected in	bing-no pack tubing) Days of	er) Maximum Maximum Maximum Injection	authorized authorized Average Injection	rate 30 bl Aver.Pressure Tubing to	psi. ol/day. Pressure psig Casing to							
[x]p []t	ackerless (tub subingless (no Total Fluid Injected in Month (bbl)	bing-no pack tubing) Days of Injection	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
[x]p []t Month Jan.	Total Fluid Injected in Month (bbl)	Days of Injection	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
[x]p []t Month Jan. Feb.	Total Fluid Injected in Month (bbl)	Days of Injection	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
[x]p []t Month Jan. Feb. Mar.	Total Fluid Injected in Month (bbl)	Days of Injection	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
Month Jan. Feb. Mar. Apr.	Total Fluid Injected in Month (bbl) /// /// /// /// /// /// /// /// ///	Days of Injection	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
Month Jan. Feb. Mar. Apr. May	Total Fluid Injected in Month (bbl) ///3 ///52 //070 //347	Days of Injection	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
Month Jan. Feb. Mar. Apr. May June	Total Fluid Injected in Month (bbl) /// 3 /// 52 /// 52 /// 70 /// 3 47 /// 299 /// 76	Days of Injection 29 31 30 38	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
[x]p []t Month Jan. Feb. Mar. Apr. May June July	Total Fluid Injected in Month (bbl) 1//3 1//52 1070 1347 1299 1/176	Days of Injection	Maximum Maximum Maximum Injection Pressure	authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
Month Jan. Feb. Mar. Apr. May June July Aug.	Total Fluid Injected in Month (bbl) ///3 ///52 //070 //347 //299 ////6 //32/	Days of Injection 29 29 31 30 35	Maximum Maximum Maximum Injection Pressure	authorized authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to							
Month Jan. Feb. Mar. Apr. May June July Aug. Sept.	Total Fluid Injected in Month (bbl) ///3 ///52 //070 //347 //299 ////6 //321 //303	Days of Injection 29 31 30 35 31	Maximum Maximum Maximum Injection Pressure	authorized authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu	psi. ol/day. Pressure psig Casing to us Surf. Pipe							
Month Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct.	Total Fluid Injected in Month (bbl) /// // // // // // // // // // // // /	Days of Injection 29 31 30 25 31	Maximum Maximum Maximum Injection Pressure	authorized authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu N/A	psi. ol/day. Pressure psig Casing to							
Month Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.	Total Fluid Injected in Month (bbl)	Days of Injection 29 29 31 30 31 30 31	Maximum Maximum Injection Pressure 650	authorized authorized authorized Average Injection Pressure	Aver.Pressure Tubing to Casing Annulu N/A	psi. ol/day. Pressure psig Casing to us Surf. Pipe							

^{*}For disposal wells complete page 1 plus section IV page 2. GCATEM ATHRONOLVICE.

For enhanced recovery wells (repressuring, secondary, tertiary) completes both pages.

Prepare one form for each injection well (SWD and ER) but only one report of

Section II and III for each docket (project). 12/83 Form U3C