

Reporting Period 1984

19345
~~ELS CR 8804~~

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

DOCKET NO. C-19 1945 [] West
KCC KDHE [X] East

SEC S, T 26 S, R 21

Lease Name E. Heister Well# B20
(if battery of wells, attach list with locations)
Feet from N/S section line _____

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 9513

Feet from W/E section line _____

Operator: Strata Oil, Inc.
Name & P. O. Box 3637
Address Edmond, OK 73083

Field Elsmore

County Allen

Disposal [] or Enhanced Recovery [X]

Contact Person Louis Boyce/Eric Boyce
Phone 405-348-6829

Person (s) responsible for monitoring well Wayne Brown
Was this well/project reported last year? [X] Yes [] No
List previous operator if new operator DFW Petroleum

I. INJECTION FLUID:

Type: [] fresh water [X] brine treated [] brine untreated [] water/brine mixture
Source: [X] produced water other: _____
Quality: Total dissolved solids 4400 ppm/mgm/liter
Additives _____
(attach water analysis, if available)

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[] packerless (tubing-no packer) Maximum authorized pressure 600 psi.
[X] tubingless (no tubing) Maximum authorized rate 50 bbl/day.

Month	Total Fluid Injected in Month (bbi)	Days of Injection	Maximum Injection Pressure	Average Injection Pressure	Aver. Pressure Tubing to Casing Annulus	Pressure psig Casing to Surf. Pipe
Jan.	<u>1576.69</u>	<u>31</u>	<u>600</u>	<u>575</u>	_____	_____
Feb.	<u>1113.54</u>	<u>29</u>	<u>600</u>	<u>500</u>	_____	_____
Mar.	<u>1223.17</u>	<u>31</u>	<u>600</u>	<u>510</u>	_____	_____
Apr.	<u>1151.62</u>	<u>30</u>	<u>600</u>	<u>500</u>	_____	_____
May	<u>976.60</u>	<u>31</u>	<u>600</u>	<u>480</u>	_____	_____
June	<u>997.79</u>	<u>30</u>	<u>600</u>	<u>500</u>	_____	_____
July	<u>822.56</u>	<u>31</u>	<u>600</u>	<u>425</u>	_____	_____
Aug.	<u>819.61</u>	<u>31</u>	<u>600</u>	<u>425</u>	_____	_____
Sept.	<u>630.01</u>	<u>30</u>	<u>600</u>	<u>480</u>	_____	_____
Oct.	<u>658.75</u>	<u>31</u>	<u>600</u>	<u>480</u>	_____	_____
Nov.	<u>667.62</u>	<u>30</u>	<u>600</u>	<u>480</u>	_____	_____
Dec.	<u>726.37</u>	<u>31</u>	<u>600</u>	<u>490</u>	_____	_____

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section IV 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 II and III for each docket (project).