

Reporting Period JAN/DEC 1984

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

DOCKET NO. C-17350 [101,208-C]
KCC KDHE

SW/4 SEC 16, T 26 S, R 21 [] West
[X] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name SANDER Well# W-5
(if battery of wells, attach list with
locations)

Feet from W/S section line 1320

Operator License Number 9753

Feet from W/E section line 10

Operator:
Name & Address Wintershall Oil & Gas Corp.
P. O. Box 7
Elsmore, Ks. 66732

Field Elsmore Shoestring

County Allen

Disposal [] or Enhanced Recovery [x]

Contact Person Cliff Sperry
Phone (316) 754-3247

Person (s) responsible for monitoring well Larry Ard
Was this well/project reported last year? [x]yes []no
List previous operator if new operator Tricentral Resources, Inc. # 7083

I. INJECTION FLUID:

Type: Source: Quality:
[]fresh water [x]produced water Total dissolved solids _____ ppm/mgm/liter
[x]brine treated other: Mississippi Additives See attached schedule
[]brine untreated WSW (attach water analysis, if available)
[]water/brine mixture

TYPE COMPLETION:

[] tubing & packer packer setting depth _____ feet.
[x] packerless (tubing-no packer) Maximum authorized pressure 650 psi.
[] tubingless (no tubing) Maximum authorized rate 30 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>817</u>	<u>16</u>	<u>650</u>	<u>600</u>	<u>N/A</u>	
Feb.	<u>923</u>	<u>23</u>				
Mar.	<u>85</u>	<u>13</u>				
Apr.	<u>19</u>	<u>8</u>				
May	<u>29</u>	<u>8</u>				
June	<u>37</u>	<u>14</u>				
July	<u>27</u>	<u>5</u>				
Aug.	<u>79</u>	<u>13</u>				
Sept.	<u>178</u>	<u>17</u>				
Oct.	<u>1130</u>	<u>27</u>				
Nov.	<u>1325</u>	<u>30</u>				
Dec.	<u>440</u>	<u>29</u>				

RECEIVED
STATE CORPORATION COMMISSION
MAR 15 1985

Well tests and the results during reporting period:

CONSERVATION DIVISION
WICHITA, KANSAS

*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).

12/83 Form U3C