

Reporting Period JAN-DEC 1984

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

DOCKET NO. C-17691 [ 103-707-C ]  
KCC KDHE

18 SEC 26, T 21 S, R 21 [ ] West  
[ ] East

Lease Name CAMPBELL Well# C-18  
(if battery of wells, attach list with  
locations)

Feet from N/S section line 2400

Feet from W/E section line 450

Field ELSMORE

County ALLEN

Disposal [ ] or Enhanced Recovery [ ]

ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 6032

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

Contact Person KENNETH OGLE  
Phone 316-237-4575

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>646</u>	<u>31</u>	<u>370</u>	<u>370</u>	<u>0</u>	<u>0</u>
Feb.	<u>672</u>	<u>29</u>	<u>365</u>	<u>365</u>	<u>0</u>	<u>0</u>
Mar.	<u>597</u>	<u>31</u>	<u>380</u>	<u>380</u>	<u>0</u>	<u>0</u>
Apr.	<u>500</u>	<u>30</u>	<u>400</u>	<u>400</u>	<u>0</u>	<u>0</u>
May	<u>523</u>	<u>30</u>	<u>420</u>	<u>420</u>	<u>0</u>	<u>0</u>
June	<u>585</u>	<u>30</u>	<u>380</u>	<u>380</u>	<u>0</u>	<u>0</u>
July	<u>516</u>	<u>31</u>	<u>470</u>	<u>470</u>	<u>0</u>	<u>0</u>
Aug.	<u>461</u>	<u>31</u>	<u>440</u>	<u>440</u>	<u>0</u>	<u>0</u>
Sept.	<u>566</u>	<u>30</u>	<u>380</u>	<u>380</u>	<u>0</u>	<u>0</u>
Oct.	<u>528</u>	<u>31</u>	<u>370</u>	<u>370</u>	<u>0</u>	<u>0</u>
Nov.	<u>192</u>	<u>8</u>	<u>330</u>	<u>330</u>	<u>0</u>	<u>0</u>
Dec.	<u>713</u>	<u>31</u>	<u>350</u>	<u>350</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

\*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).

RECEIVED 12/83 Form U3C  
STATE CORPORATION COMMISSION

JAN 18 1985