

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

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

Lease Name CAMPBELL Well# F-16
(if battery of wells, attach list with locations)

Feet from N/S section line 1980

Feet from W/E section line 1100

Field ELSMORE

County ALLEN

Disposal [] or Enhanced Recovery []

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 6033

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

Contact Person KENNETH OGLE
Phone 316-337-4575

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: Source: Quality:
[] fresh water [] produced water 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>838</u>	<u>31</u>	<u>80</u>	<u>80</u>	<u>0</u>	<u>0</u>
Feb.	<u>809</u>	<u>29</u>	<u>115</u>	<u>115</u>	<u>0</u>	<u>0</u>
Mar.	<u>865</u>	<u>31</u>	<u>130</u>	<u>130</u>	<u>0</u>	<u>0</u>
Apr.	<u>819</u>	<u>30</u>	<u>150</u>	<u>150</u>	<u>0</u>	<u>0</u>
May	<u>844</u>	<u>30</u>	<u>170</u>	<u>170</u>	<u>0</u>	<u>0</u>
June	<u>823</u>	<u>30</u>	<u>210</u>	<u>210</u>	<u>0</u>	<u>0</u>
July	<u>827</u>	<u>31</u>	<u>190</u>	<u>190</u>	<u>0</u>	<u>0</u>
Aug.	<u>665</u>	<u>31</u>	<u>180</u>	<u>180</u>	<u>0</u>	<u>0</u>
Sept.	<u>532</u>	<u>29</u>	<u>20</u>	<u>20</u>	<u>0</u>	<u>0</u>
Oct.	<u>868</u>	<u>31</u>	<u>60</u>	<u>60</u>	<u>0</u>	<u>0</u>
Nov.	<u>812</u>	<u>29</u>	<u>90</u>	<u>90</u>	<u>0</u>	<u>0</u>
Dec.	<u>0</u>	<u>0</u>	<u>OFF</u>	<u>OFF</u>	<u>0</u>	<u>0</u>

Well tests and the results during reporting period:

WCT TEST 6-10-83

*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).

STATE CORPORATION COMMISSION 12/83 Form U3C

JAN 18 1985