

Reporting Period JAN DEC 1984

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

DOCKET NO. C-17691 [103-707-9
KCC KDHE

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

Lease Name CAMPBELL Well# F-15
(if battery of wells, attach list with
locations)

Feet from N/S section line 1130

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number C032

Feet from W/E section line 1900

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

Field ELSMORE

County ALLEN

Disposal [] or Enhanced Recovery []

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>417</u>	<u>31</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</u>
Feb.	<u>443</u>	<u>29</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</u>
Mar.	<u>543</u>	<u>31</u>	<u>560</u>	<u>560</u>	<u>0</u>	<u>0</u>
Apr.	<u>510</u>	<u>30</u>	<u>540</u>	<u>540</u>	<u>0</u>	<u>0</u>
May	<u>429</u>	<u>30</u>	<u>580</u>	<u>580</u>	<u>0</u>	<u>0</u>
June	<u>426</u>	<u>30</u>	<u>540</u>	<u>540</u>	<u>0</u>	<u>0</u>
July	<u>420</u>	<u>31</u>	<u>570</u>	<u>570</u>	<u>0</u>	<u>0</u>
Aug.	<u>456</u>	<u>31</u>	<u>570</u>	<u>570</u>	<u>0</u>	<u>0</u>
Sept.	<u>417</u>	<u>30</u>	<u>595</u>	<u>595</u>	<u>0</u>	<u>0</u>
Oct.	<u>465</u>	<u>31</u>	<u>580</u>	<u>580</u>	<u>0</u>	<u>0</u>
Nov.	<u>363</u>	<u>30</u>	<u>590</u>	<u>590</u>	<u>0</u>	<u>0</u>
Dec.	<u>403</u>	<u>31</u>	<u>570</u>	<u>570</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
STATE CORPORATION COMMISSION Form U3C

JAN 1 8 1985