Reporting Period JAN/DEC 1984

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

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

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

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name C. DANIELS Well# W-1
(if battery of wells, attach list with locations)
Feet from N/S section line 1320
Feet from W/E section line 440

Operator License Number 9753

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 Tricentrol Resources, Inc. # 7083

I. INJECTION FLUID:

Type:
[ ] fresh water
[X] brine treated
[ ] brine untreated
[ ] water/brine mixture

Source:
[X] produced water
other: Mississippi

Quality:
Total disolved solids ____ ppm/mgm/liter
Additives See attached schedule
(attach water analysis, if available)

TYPE COMPLETION:

[ ] tubing & packer
[X] packerless (tubing-no packer)
[ ] tubingless (no tubing)

packer setting depth ____ feet.
Maximum authorized pressure 650 psi.
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.	940	24	650	600	N/A	
Feb.	1142	29				
Mar.	1285	30				
Apr.	1215	26				
May	1467	28				
June	1253	27				
July	1545	31				
Aug.	1442	30				
Sept.	1245	27				
Oct.	1593	31				
Nov.	1472	28				
Dec.	1289	25				

RECEIVED
STATE CORPORATION COMMISSION
MAR 15 1985
CONSERVATION DIVISION
Wichita, Kansas

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).

12/83 Form U3C