COPY,

Reporting Period 1-1-84 to 1-31-84

TO.			**	DOCKET NO.	E-17019 [DHE		
Is	not entered	d on the	. X	k	KCC K	DHE		
Com	puter	n şitiğ		SE/4 SEC	24 ,T 27 S,R	[] West [x] East		
ANNUAL FLUID	REPORT OF PREINJECTION AND	SSURE MONIT ENHANCED RE	ORING, COVERY	Lease Name Fowler Well# 1 (if battery of wells, attach list with locations) Feet from N/S section line 2310				
Operat	or License Num	ber <u>6804</u>		Feet from V	X V/E section line_	900		
Name &	or: Howatd Lac d/b/a Lach s 1103 North	enmayr Oil Main	Co.	Field Beaumont County Greenwood				
	Newton, Ka			Disposal[]or Enhanced	Recovery[
Contac Phone_	t Person <u>Howa</u> 316-283-2660	rd Lachenma	yr		¥			
Person Was th List p	(s) responsib is well/projec revious operat	le for moni t reported or if new o	toring well last year? perator	Page B. I X Jyes [Burneta A	Lewis no Adair Estate			
I. INJ	ECTION FLUID:							
Γ .]D	resh water rine treated rine untreated ater/brine mix		oduced wate	Quality: r Total disc Additives (attach wa	olved solidsater analysis, if	ppm/mgm/lite		
T.YPE C	OMPLETION:							
[]p	ubing & packer packerless (tub ubingless (no	ing-no pack	er) Maximum	setting depth authorized p authorized i				
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.	375	25	0	0	0	0		
Feb.	390	26	<u> </u>	0	0	0		
Mar.	465	31	0	0	0	0		
Apr.	450	30	0	_0	0	0		
May	465	31	0		0	0		
June	450	30	0	0	0	0		
July	465	31	0	0	0	0		
Aug.	465	31	0	0	0	0		
Sept.	450	30	0		0	0		
Oct.	465	31	0	0	0	0		
Nov.	450	30	0	0	0	0		
Dec.	420	28	0	0	0	0		

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).

RECEIVED 12/83 Form U3C

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	🍽 하시하시하게 되는 점하는 그는 이 가지만 되었다. 전 병원 이 그는 그 사람들이 그는 생물을 하는 모양			
Proj	ect Fowler DOCKET # C-17,019	[] for 19	8
	Type of Secondary Recovery (check one if appropria well) []Controlled waterflood [W] []Pressure maintenance [P] [xx]Dump flood [D]	ate; does not	apply to di	sposa
Туре	of Tertiary Recovery Project (check one if approp	oriate)		
[]	Steam Flood [S] [] Fire Flood [F]] Surfacta	nt Chemical	Flood
[]	CO2 Injection [O] [] Air Injection [A][] N2 Inject	tion [N]	
	Natural Gas Injection [G] [] Polymer/Micellar [Flood [P]] Other		
	Producing Zone:			
	: Mississippi Depth 2426 feet. A	Average Thick	ness 16 f	eet.
	Gravity 35 API			
	uction wells from this docket:			
	Total number producing during reporting year <u>3</u>	•		
*	Number drilled in reporting year <u>o</u>			
c. 1	Number abandoned in reporting year			
d.	Total number of injection wells assisting producti	on this proje	ect <u>1</u>	•
III.	Enter zeros in the current year column only if r gas was injected. If records are incomplete, pl	ease estimate	the volume	s hi
III.	gas was injected. If records are incomplete, plant cases report a volume for the current year. reflect total volumes since initiation of the proplease estimate the values.	ease estimate The cumulati oject. If re	e the volume ive column sl ecords are i	s, bu hould ncomp
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