

Reporting Period 1-1-84-12-31-84

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

DOCKET NO. E-23,500 []
KCC KDHE

SW $\frac{1}{4}$ NE $\frac{1}{4}$ [] West
NW $\frac{1}{4}$ SE $\frac{1}{4}$ [] East
NE $\frac{1}{4}$ SW $\frac{1}{4}$ []
SE $\frac{1}{4}$ NW $\frac{1}{4}$ SEC 9, T 27 S, R 13

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Halsell Well# WT-5
(if battery of wells, attach list with
locations)
Feet from N/S section line 3288

Operator License Number 9303

Feet from W/E section line 1986

Operator:
Name & Address Omega Minerals, Inc.
950 First City Bank Tower
Corpus Christi, Texas 78477

Field Shinkle
County Greenwood

Contact Person Peggy Erwin
Phone (512) 888-9361

Disposal [] or Enhanced Recovery [x]

Person (s) responsible for monitoring well C.R. (Dick) Daugherty
Was this well/project reported last year? [] Yes [x] No
List previous operator if new operator _____

I. INJECTION FLUID:

Type: Source: Quality:
[] fresh water [x] produced water Total dissolved solids 93,104 ppm/mgm/liter
[] brine treated other: _____ Additives Acid Solution & Detergent
[] brine untreated (attach water analysis, if available)
[] water/brine mixture

TYPE COMPLETION:

[x] tubing & packer packer setting depth 1234 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 300 psi.
[] tubingless (no tubing) Maximum authorized rate 300 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.	-0-					
Feb.	-0-					
Mar.	-0-					
Apr.	-0-					
May	-0-					
June	-0-					
July	-0-					
Aug.	-0-					
Sept.	-0-					
Oct.	282	22	280	189	-0-	-0-
Nov.	9	3	285	285	-0-	-0-
Dec.	865	26	-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).

12/83 Form U3C

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MAR 18 1985

CONSERVATION DIVISION
Wichita, Kansas

Project Halsell DOCKET # E-23,500 [] for 198 4

- II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)
- Controlled waterflood [W]
 - Pressure maintenance [P]
 - Dump flood [D]

Type of Tertiary Recovery Project (check one if appropriate)

- Steam Flood [S] Fire Flood [F] Surfactant Chemical Flood [C]
- CO2 Injection [O] Air Injection [A] N2 Injection [N]
- Natural Gas Injection [G] Polymer/Micellar Flood [P] Other

Oil Producing Zone:

Name: Squirrel Depth 1265 feet. Average Thickness 18 feet.

Oil Gravity 22.5 API

Production wells from this docket:

- a. Total number producing during reporting year 4.
- b. Number drilled in reporting year 4.
- c. Number abandoned in reporting year 0.
- d. Total number of injection wells assisting production this project 5.

III. Enter zeros in the current year column only if no oil was produced or no water or gas was injected. If records are incomplete, please estimate the volumes, but in all cases report a volume for the current year. The cumulative column should reflect total volumes since initiation of the project. If records are incomplete please estimate the values.

	Current Year	Cumulative
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	<u>12.0</u> 12,027	<u>12.0</u> 12,027
B. Gas or air injected into producing zone (MCF)	_____	_____
C. Oil production from project area (BBLs) (Total)	<u>453 0.5</u>	<u>453 0.5</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	_____	_____
E. Oil recovered by Tertiary Recovery such as polymer-enhanced waterflood, surfactant polymer injection, alkaline chemical injection, miscible flood or gas injection, steam or hot water injection, or some combustion process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	_____	_____

IV. I certify that I am personally familiar with the above information and all attachments and that I believe the information to be true, accurate, and complete.

Date 3-14-85

Signature Royis Ward

Name Royis Ward

Title President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.