

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: _____ Depth _____ feet. Average Thickness _____ feet.

Oil Gravity _____ API

Production wells from this docket:

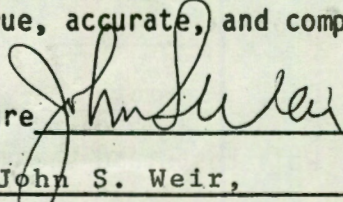
- a. Total number producing during reporting year _____.
- b. Number drilled in reporting year _____.
- c. Number abandoned in reporting year _____.
- d. Total number of injection wells assisting production this project _____.

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.

	<u>Current Year</u>	<u>Cumulative</u>
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	_____	_____
B. Gas or air injected into producing zone (MCF)	_____	_____
C. Oil production from project area (BBLs) (Total)	_____	_____
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	_____	_____
E. Oil recovered by <u>Tertiary Recovery</u> 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, <u>but excluding</u> 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 2/17/88

Signature 
 Name John S. Weir,
 Title President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

To: State Corporation Commission
 Conservation Division - UIC Section
 200 Colorado Derby Building
 202 West 1st Street
 Wichita, KS 67202-1286

Docket # (E, D) - D-19,486
 Reporting Period:
 Jan. 1, 1991 to Dec. 31, 1991

Lease Name Donald Kihn
 Well Number 1

ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY

1650 feet from South section line -
990 feet from East section line -
 Sec. 25, T 15 S, R 9 E/W

Operator License Number 30157

Legal Description of Lease or Unit:
SE/4

OPERATOR: BRG Petroleum, Inc.
 Name & 7134 South Yale, Suite 600
 Address Tulsa, OK 74136

Contact Person Marie Carrington
 Telephone Number (918) 496-2626

Field Name: _____
 County: Ellsworth

If new operator, list previous operator _____
 Was this well/project reported last year? Yes No
 If no, give date of first injection _____

RECEIVED
 APR 09 1992
 STATE CORPORATION COMMISSION
 CONSERVATION DIVISION
 Wichita, Kansas

I. INJECTION FLUID:

TYPE: Fresh Water; Treated Brine; Untreated Brine; Water/Brine
 SOURCE: Produced Water; Other (list) _____
 QUALITY: Total Dissolved Solids _____ mg/l; Additives: _____
 (Attach water analysis, if available)

II. WELL DATA:

TYPE COMPLETION: Tubing & Packer, packer setting depth _____ feet;
 Packerless (tubing, but no packer); Tubingless
 MAXIMUM AUTHORIZED INJECTION PRESSURE: 150 psi -
 MAXIMUM AUTHORIZED INJECTION RATE: 260 barrels per day -
 For Enhanced Recovery Projects Only:
 TOTAL NUMBER OF INJECTION WELLS COVERED BY THIS PERMIT 1 (Include TA's)

III. MONTH	TOTAL FLUID INJECTED IN MONTH (BBL)	# DAYS OF INJECTION	MAXIMUM INJECTION PRESSURE	AVERAGE INJECTION PRESSURE	AVERAGE PRESSURE TUBING/CASING ANNULUS
JAN	1050	23	0	0	0
FEB	1100	25	0	0	0
MAR	1450	31	0	0	0
APR	1250	27	0	0	0
MAY	1450	31	0	0	0
JUN	1400	30	0	0	0
JUL	1400	30	0	0	0
AUG	0	0	0	0	0
SEP	855	19	0	0	0
OCT	1400	30	0	0	0
NOV	1400	30	0	0	0
DEC	1450	31	0	0	0
TOTAL	<u>14,205</u>				

Pickens
 30 bbls/day
 per bbl
 '92

To: State Corporation Commission
 Conservation Division - UIC Section
 200 Colorado Derby Building
 202 West 1st Street
 Wichita, KS 67202-1286

Docket # (E) (D) - D-19,486
 Reporting Period:
 Jan. 1, 1992 to Dec. 31, 1992

Lease Name Donald Kihn
 Well Number 1

1650 feet from South section line
990 feet from East section line
 Sec. 25, T 15 S, R 9 E/W

Legal Description of Lease or Unit:
SE/4

Field Name: _____
 County: Ellsworth

**ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY**

Operator License Number 30157

OPERATOR: BRG Petroleum, Inc.
 Name & Address 7134 S. Yale, Suite 600
 Tulsa, OK 74136

Contact Person B. J. Reid
 Telephone Number (918) 496-2626

If new operator, list previous operator _____
 Was this well/project reported last year? Yes No
 If no, give date of first injection _____

I. INJECTION FLUID:

TYPE: Fresh Water; Treated Brine; Untreated Brine; Water/Brine
 SOURCE: Produced Water; Other (list) _____
 QUALITY: Total Dissolved Solids _____ mg/l; Additives: _____
 (Attach water analysis, if available)

II. WELL DATA:

TYPE COMPLETION: Tubing & Packer, packer setting depth _____ feet;
 Packerless (tubing, but no packer); Tubingless
 MAXIMUM AUTHORIZED INJECTION PRESSURE: 150 psi
 MAXIMUM AUTHORIZED INJECTION RATE: 260 barrels per day
For Enhanced Recovery Projects Only:
 TOTAL NUMBER OF INJECTION WELLS COVERED BY THIS PERMIT 1 (Include TA's)

III. MONTH	TOTAL FLUID INJECTED IN MONTH (BBL)	# DAYS OF INJECTION	MAXIMUM INJECTION PRESSURE	AVERAGE INJECTION PRESSURE	AVERAGE PRESSURE TUBING/CASING ANNULUS
JAN	<u>930</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
FEB	<u>840</u>	<u>28</u>	<u>0</u>	<u>0</u>	<u>0</u>
MAR	<u>930</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
APR	<u>900</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>
MAY	<u>30</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
JUN	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
JUL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
AUG	<u>900</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>
SEP	<u>480</u>	<u>16</u>	<u>0</u>	<u>0</u>	<u>0</u>
OCT	<u>930</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
NOV	<u>900</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>
DEC	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL	<u>6840</u>				

To: State Corporation Commission
Conservation Division - UIC Section
200 Colorado Derby Building
202 West 1st Street
Wichita, KS 67202-1286

Docket # (E) (D, - D-19, 486
Reporting Period:
Jan. 1, 19⁹⁴ to Dec. 31, 19⁹⁴

Lease Name DONALD KIHN
Well Number 1

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

1650 feet from South section line
990 feet from East section line
Sec. 25, T 15 S, R 9 E/W

Operator License Number 30157

Legal Description of Lease or Unit:
SE/4

OPERATOR: BRG Petroleum, Inc.
Name & 7134 S. Yale, Suite 600
Address Tulsa, Oklahoma 74136

Contact Person B. J. Reid
Telephone Number (918) 496-2626

Field Name:
County: Ellsworth

If new operator, list previous operator
Was this well/project reported last year? Yes [x] No []
If no, give date of first injection

I. INJECTION FLUID:

TYPE: [] Fresh Water; [] Treated Brine; [x] Untreated Brine; [] Water/Brine
SOURCE: [x] Produced Water; [] Other (list)
QUALITY: Total Dissolved Solids mg/l; Additives:
(Attach water analysis, if available)

II. WELL DATA:

TYPE COMPLETION: [x] Tubing & Packer, packer setting depth feet;
[] Packerless (tubing, but no packer); [] Tubingless
MAXIMUM AUTHORIZED INJECTION PRESSURE: 150 psi
MAXIMUM AUTHORIZED INJECTION RATE: 260 barrels per day
For Enhanced Recovery Projects Only:
TOTAL NUMBER OF INJECTION WELLS COVERED BY THIS PERMIT 1 (Include TA's)

III. MONTH	TOTAL FLUID INJECTED IN MONTH (BBL)	# DAYS OF INJECTION	MAXIMUM INJECTION PRESSURE	AVERAGE INJECTION PRESSURE	AVERAGE PRESSURE TUBING/CASING ANNULUS
JAN	150	5	0	0	0
FEB	270	9	0	0	0
MAR	420	14	0	0	0
APR	0	0	0	0	0
MAY	0	0	0	0	0
JUN	0	0	0	0	0
JUL	90	3	0	0	0
AUG	930	31	0	0	0
SEP	900	30	0	0	0
OCT	810	27	0	0	0
NOV	900	30	0	0	0
DEC	930	31	0	0	0
TOTAL	5400				

FORM U3C/12-88

SIDE 1

For your Records
Filed once
a year -
Due March 1

Post-It™ brand fax transmittal memo 7671 # of pages 2

To Mike Wilson	From A. Adams
Co. HORIZON	Co. BRG
Dept.	Phone # 496-2626
Fax # 494-7680	Fax # 496-3996

IV. THIS SECTION MUST BE COMPLETED FOR ALL ENHANCED RECOVERY PERMITS.

OIL PRODUCING ZONE:

Name _____ Depth _____ feet. Average Thickness _____

Oil Gravity _____ API _____

1. Total number active producing wells during reporting year: _____

2. Total number inactive producing wells in reporting year: _____

	<u>Current Year</u>	<u>Cumulative</u>
3. Total fluids injected into producing zone (BBLs) (from side one for current year).	_____	_____
4. Gas or air injected into producing zone (MCF)	_____	_____
5. Oil production from project area (BBLs) (Total)	_____	_____
6. Oil production resulting from secondary recovery: (oil recovered by dumpflood, waterflood, pressure maintenance by water injection).	_____	_____

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: 3-7-95

Signature *Marty Cornelius*

Name Marty Cornelius

Title Production Engineer

Complete all blanks - add pages if needed.

Copy to be retained for five (5) years after filing date.

INSTRUCTIONS

1. Complete Side 1 of this form for each injection or disposal well. A report must be submitted for each and every well, even those which were temporarily abandoned or inactive during the reporting period. ALL BLANKS MUST BE COMPLETE!
2. Complete Section IV for each enhanced recovery docket (those wells injecting into a producing formation). For enhanced recovery projects with multiple injection wells, complete Section IV only once.
3. The original signed and executed form must be mailed to the Conservation Division no later than March 1 following the end of the reporting period.

STATE OF KANSAS
 KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 130 South Market - Room 2078
 Wichita, Kansas 67202

Docket # (F) - D-19, 486
 Reporting Period:
 Jan. 1, 1995 to Dec. 31, 1995

Lease Name DONALD KIHN
 Well Number 1

**ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY**

Operator License Number 31630

OPERATOR: Comanche Production, Inc.
 Name & Address 2512-C East 71st Street
Tulsa, OK 74136-5575

Contact Person Mike Wilson
 Telephone Number 918/494-0790

1650 feet from South section line
990 feet from East section line
 Sec. 25, T 15 S, R 9 E/W

Legal Description of Lease or Unit:
SE/4

Field Name: _____
 County: Ellsworth

If new operator, list previous operator _____
 Was this well/project reported last year? Yes [] No []
 If no, give date of first injection _____

I. INJECTION FLUID:

TYPE: [] Fresh Water; [] Treated Brine; [] Untreated Brine; [] Water/Brine
 SOURCE: [] Produced Water; [] Other (list) _____
 QUALITY: Total Dissolved Solids _____ mg/l; Additives: _____
 (Attach water analysis, if available)

II. WELL DATA:

TYPE COMPLETION: [] Tubing & Packer, packer setting depth _____ feet;
 [] Packerless (tubing, but no packer); [] Tubingless
 MAXIMUM AUTHORIZED INJECTION PRESSURE: 150 psi
 MAXIMUM AUTHORIZED INJECTION RATE: 260 barrels per day
 For Enhanced Recovery Projects Only:
 TOTAL NUMBER OF INJECTION WELLS COVERED BY THIS PERMIT 1 (Include TA's)

III. MONTH	TOTAL FLUID INJECTED IN MONTH (BBL)	# DAYS OF INJECTION	MAXIMUM INJECTION PRESSURE	AVERAGE INJECTION PRESSURE	AVERAGE PRESSURE TUBING/CASING ANNULUS
JAN	<u>935</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
FEB	<u>965</u>	<u>28</u>	<u>0</u>	<u>0</u>	<u>0</u>
MAR	<u>1244</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
APR	<u>1082</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>
MAY	<u>813</u>	<u>20</u>	<u>0</u>	<u>0</u>	<u>0</u>
JUN	<u>2248</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>
JUL	<u>1302</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
AUG	<u>1318</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
SEP	<u>1307</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>
OCT	<u>1346</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>
NOV	<u>1215</u>	<u>30</u>	<u>0</u>	<u>0</u>	<u>0</u>
DEC	<u>1173</u>	<u>31</u>	<u>0</u>	<u>0</u>	<u>0</u>

TOTAL 14,949

IV. THIS SECTION MUST BE COMPLETED FOR ALL ENHANCED RECOVERY PERMITS.

OIL PRODUCING ZONE:

Name _____ Depth _____ feet. Average Thickness _____

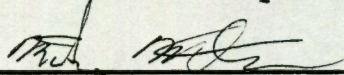
Oil Gravity _____ API _____

1. Total number active producing wells during reporting year: _____
2. Total number inactive producing wells in reporting year: _____

	<u>Current Year</u>	<u>Cumulative</u>
3. Total fluids injected into producing zone (BBLs) (from side one for current year).	_____	_____
4. Gas or air injected into producing zone (MCF)	_____	_____
5. Oil production from project area (BBLs) (Total)	_____	_____
6. Oil production resulting from secondary recovery: (oil recovered by dufflood, waterflood, pressure maintenance by water injection).	_____	_____

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: 20 February 96

Signature 

Name Mike Wilson

Title President

Complete all blanks - add pages if needed.

Copy to be retained for five (5) years after filing date.

INSTRUCTIONS

1. Complete Side 1 of this form for each injection or disposal well. A report must be submitted for each and every well, even those which were temporarily abandoned or inactive during the reporting period. ALL BLANKS MUST BE COMPLETE!
2. Complete Section IV for each enhanced recovery docket (those wells injecting into a producing formation). For enhanced recovery projects with multiple injection wells, complete Section IV only once.
3. The original signed and executed form must be mailed to the Conservation Division no later than March 1 following the end of the reporting period.

month	Total Fluid	Days
JAN	935	31
Feb	965	28
Mar	1244	31
Apr	1082	30
May	813	20
Jun	2248	30
Jul	1302	31
Aug	1318	31
Sep	1307	30
Oct	1346	31
Nov	1215	30
Dec	1173	31

Sent to David Lannan
to sign + file w/ KCC

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

Docket # (E) (M) - D-19, 486
Reporting Period: Jan. 1, 1996 to Dec. 31, 1996

Lease Name Donald Kihn
Well Number 1

1650 feet from South section line
990 feet from East section line
Sec. 25, T 15 S, R 9 E/W

Legal Description of Lease or Unit:
SE/4

Field Name: _____
County: Ellsworth

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 31630

OPERATOR: COMANCHE PRODUCTION, INC.
Name & 333 W. Melinda Lane
Address Phoenix AZ 85027

Contact Person David Lannan
Telephone Number 602/587-9238

If new operator, list previous operator _____
Was this well/project reported last year? Yes [] No []
If no, give date of first injection _____

I. INJECTION FLUID:

TYPE: [] Fresh Water; [] Treated Brine; [] Untreated Brine; [] Water/Brine
SOURCE: [] Produced Water; [] Other (list) _____
QUALITY: Total Dissolved Solids _____ mg/l; Additives: _____
(Attach water analysis, if available)

II. WELL DATA:

TYPE COMPLETION: [] Tubing & Packer, packer setting depth _____ feet;
[] Packerless (tubing, but no packer); [] Tubingless
MAXIMUM AUTHORIZED INJECTION PRESSURE: 150 psi
MAXIMUM AUTHORIZED INJECTION RATE: 260 barrels per day
For Enhanced Recovery Projects Only:
TOTAL NUMBER OF INJECTION WELLS COVERED BY THIS PERMIT 1 (Include TA's)

III. MONTH	TOTAL FLUID INJECTED IN MONTH (BBL)	# DAYS OF INJECTION	MAXIMUM INJECTION PRESSURE	AVERAGE INJECTION PRESSURE	AVERAGE PRESSURE TUBING/CASING ANNULUS
JAN	<u>1685</u>	<u>31</u>	<u> </u>	<u> </u>	<u> </u>
FEB	<u>1086</u>	<u>28</u>	<u> </u>	<u> </u>	<u> </u>
MAR	<u>1562</u>	<u>31</u>	<u> </u>	<u> </u>	<u> </u>
APR	<u>1676</u>	<u>30</u>	<u> </u>	<u> </u>	<u> </u>
MAY	<u>1545</u>	<u>31</u>	<u> </u>	<u> </u>	<u> </u>
JUN	<u>1413</u>	<u>30</u>	<u> </u>	<u> </u>	<u> </u>
JUL	<u>1616</u>	<u>31</u>	<u> </u>	<u> </u>	<u> </u>
AUG	<u>1580</u>	<u>31</u>	<u> </u>	<u> </u>	<u> </u>
SEP	<u>1554</u>	<u>30</u>	<u> </u>	<u> </u>	<u> </u>
OCT	<u>1533</u>	<u>31</u>	<u> </u>	<u> </u>	<u> </u>
NOV	<u>1527</u>	<u>30</u>	<u> </u>	<u> </u>	<u> </u>
DEC	<u>1491</u>	<u>31</u>	<u> </u>	<u> </u>	<u> </u>
TOTAL	<u>18268</u>				

STATE OF KANSAS
 KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 130 South Market - Room 2078
 Wichita, Kansas 67202

Docket # (E) - 19786
 Reporting Period: Jan. 1, 1978 to Dec. 31, 1978

Lease Name Kihn SWD
 Well Number 1

ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY

1650 feet from South section line
990 feet from East section line
 Sec. 25, T 15 S, R 9 EW

Operator License Number 31300

Legal Description of Lease or Unit:
SW NE SE

OPERATOR: Centrex Operating Co.
 Name & 5550 S. Lewis, Suite 305
 Address Tulsa, OK 74105

Field Name: _____
 County: Ellsworth

Contact Person J. Dustin Smith
 Telephone Number 918-746-4903

If new operator, list previous operator Comanche Production
 Was this well/project reported last year? Yes No
 If no, give date of first injection _____

I. INJECTION FLUID:

TYPE: Fresh Water; Treated Brine; Untreated Brine; Water/Brine
 SOURCE: Produced Water; Other (list) _____
 QUALITY: Total Dissolved Solids _____ mg/l; Additives: _____
 (Attach water analysis, if available)

II. WELL DATA:

TYPE COMPLETION: Tubing & Packer, packer setting depth 1853 feet;
 Packerless (tubing, but no packer); Tubingless
 MAXIMUM AUTHORIZED INJECTION PRESSURE: -0- psi
 MAXIMUM AUTHORIZED INJECTION RATE: 500 barrels per day
 For Enhanced Recovery Projects Only:
 TOTAL NUMBER OF INJECTION WELLS COVERED BY THIS PERMIT _____ (Include TA's)

III. MONTH	TOTAL FLUID INJECTED IN MONTH (BBL)	# DAYS OF INJECTION	MAXIMUM INJECTION PRESSURE	AVERAGE INJECTION PRESSURE	AVERAGE PRESSURE TUBING/CASING ANNULUS
JAN	<u>1240</u>	<u>31</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
FEB	<u>924</u>	<u>28</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
MAR	<u>1085</u>	<u>31</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
APR	<u>1110</u>	<u>30</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
MAY	<u>1080</u>	<u>27</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
JUN	<u>988</u>	<u>24</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
JUL	<u>1085</u>	<u>31</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
AUG	<u>988</u>	<u>26</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
SEP	<u>1170</u>	<u>30</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
OCT	<u>1116</u>	<u>31</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
NOV	<u>1200</u>	<u>30</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
DEC	<u>1147</u>	<u>31</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>

TOTAL 13,133

IV. THIS SECTION MUST BE COMPLETED FOR ALL ENHANCED RECOVERY PERMITS.

OIL PRODUCING ZONE:

Name _____ Depth _____ feet. Average Thickness _____

Oil Gravity _____ API _____

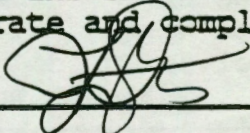
1. Total number active producing wells during reporting year: _____

2. Total number inactive producing wells in reporting year: _____

	<u>Current Year</u>	<u>Cumulative</u>
3. Total fluids injected into producing zone (BBLS) (from side one for current year).	_____	_____
4. Gas or air injected into producing zone (MCF)	_____	_____
5. Oil production from project area (BBLS) (Total)	_____	_____
6. Oil production resulting from secondary recovery: (oil recovered by dumpflood, waterflood, pressure maintenance by water injection).	_____	_____

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: 8-12-99

Signature 

Name J. Duston Smith

Title President

Complete all blanks - add pages if needed.

Copy to be retained for five (5) years after filing date.

INSTRUCTIONS

1. Complete Side 1 of this form for each injection or disposal well. A report must be submitted for each and every well, even those which were temporarily abandoned or inactive during the reporting period. ALL BLANKS MUST BE COMPLETE!
2. Complete Section IV for each enhanced recovery docket (those wells injecting into a producing formation); For enhanced recovery projects with multiple injection wells, complete Section IV only once.
3. The original signed and executed form must be mailed to the Conservation Division no later than March 1 following the end of the reporting period.