

TO:

DOCKET NO. E-21,497

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

SW SW SW, Sec 23, T16 S, R 11w W~~W~~

330 feet from ~~W~~S section line

4950 feet from ~~W~~E section line

COMMENCEMENT

NOTICE OF INJECTION TERMINATED

TERMINATION

Lease legal description #7 BURMEISTER, SW SW SW,
Sec 23-16-11w, Barton County, KS

Disposal Enhanced Recovery

Lease Name BURMEISTER #7

Effective date August 17, 1984

County Barton

Operator License # 6393

Operator: Brougher Oil, Inc
Name & P.O. Drawer 1367
Address Great Bend, KS 67530

Contact Person Name Mr. Joe E. Brougher

Phone 316-793-5610

Zone Used for Injection:
LKC "J" zone 3244-3286

For Notice Of Termination:

will well be plugged returned to production temporary non-use

If returned to production, what will be the producing interval?

LKC "J" zone 3255-3259

If temporary non-use, injection will resume about _____ or when the following
date
work is completed:

I certify that the above is a true and accurate statement of the facts as known
this 5 day of November, 1985.

Signature Brent B Reinhardt

Name Brent B. Reinhardt

Title Company Geologist

RECEIVED
STATE CORPORATION COMMISSION

NOV 19

CONSERVATION DIVISION
Wichita, Kansas

Reporting Period 1984

Is not entered on the computer

DOCKET NO. E-21,497 [E-21,497]
KCC KDHE

SW SW SWSEC 23, T 16 S, R 11w [West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name BURMEISTER Well# 7
(if battery of wells, attach list with locations)
Feet from N/S section line 330

Operator License Number 6393

Feet from N/E section line 4950

Operator: Brougher Oil, Inc.
Name & P.O. Drawer 1367
Address Great Bend, KS 67530

Field Kraft-Prusa

County Barton

Disposal [] or Enhanced Recovery []

Contact Person Mr. Joe E. Brougher
Phone 316-793-5610

Person (s) responsible for monitoring well Jim Kraft & Ron Hickel
Was this well/project reported last year? []yes []no
List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[] tubing & packer packer setting depth 3150 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 1500 psi.
[] tubingless (no tubing) Maximum authorized rate 500 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>7,130</u>	<u>31</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
Feb.	<u>6,670</u>	<u>29</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
Mar.	<u>7,130</u>	<u>31</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
Apr.	<u>6,900</u>	<u>30</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
May	<u>7,130</u>	<u>31</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
June	<u>6,900</u>	<u>30</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
July	<u>7,130</u>	<u>31</u>	<u>200</u>	<u>200</u>	<u>0</u>	<u>0</u>
Aug.	<u>XXXXXXXX</u>	<u>Injection Well Returned to Production August 17, 1984</u>				<u>XXXXXXXXXXXX</u>
Sept.	_____	_____	_____	_____	_____	_____
Oct.	_____	_____	_____	_____	_____	_____
Nov.	_____	_____	_____	_____	_____	_____
Dec.	_____	_____	_____	_____	_____	_____

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).

Project BURMEISTER #7 DOCKET # E-21,497 [3-21,497] for 1984

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 [XX] Other Produced Water Flood [P]

Oil Producing Zone:

Name: LKC Depth 3252-59 feet. Average Thickness feet.

Oil Gravity 34.3 API

Production wells from this docket:

- a. Total number producing during reporting year 8.
b. Number drilled in reporting year 0.
c. Number abandoned in reporting year 0.
d. Total number of injection wells assisting production this project 0.

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 (BRLS) (from side one for current year)	<u>48,990</u>	<u>Unknown</u>
B. Gas or air injected into producing zone (MCF)	<u>0</u>	<u>0</u>
C. Oil production from project area (BRLS) (Total)	<u>3,246</u>	<u>137,476</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>1,623</u>	<u>68,738</u>
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.	<u>0</u>	<u>0</u>

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 11/5/85

Signature Viann Brougher

Name Viann Brougher

Title Secretary

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.