E-19,249

Reporting Period 1984

TO:

Is not entered on the computer

DOCKET NO. CR-1781 [ ]
KCC KDHE

[✓] West
SEC 27, T 17 S, R 13 [ ] East

Lease Name DEMEL Well# 1
(if battery of wells, attach list with locations)
Feet from N/S section line 1117
Feet from W/E section line 531
Field Boger
County Barton
Disposal[ ]or Enhanced Recovery[X]

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5462

Operator: Name & Address L.G.Stephenson & Co., Inc.
7701 E. Kellogg, Suite 670
Wichita, KS 67207

Contact Person John M. Japp
Phone (316) 684-0531

Person (s) responsible for monitoring well
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 disolved solids ppm/mgm/liter
Additives
(attach water analysis, if available)

TYPE COMPLETION:

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

packer setting depth 3010 feet.
Maximum authorized pressure 450 psi.
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.	1628	31	0	0	0	0
Feb.	497	29	0	0	0	0
Mar.	2070	31	0	0	0	0
Apr.	1473	30	0	0	0	0
May	1478	31	0	0	0	0
June	2077	30	0	0	0	0
July	1745	31	0	0	0	0
Aug.	1649	31	0	0	0	0
Sept.	823	30	0	0	0	0
Oct.	811	31	0	0	0	0
Nov.	1613	30	0	0	0	0
Dec.	4663	31	0	0	0	0
	20527					

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

Project DEMEL DOCKET # E-19,249 [ ] 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 Flood [P] [ ] Other

Oil Producing Zone:

Name: LANSING Depth 3171 feet. Average Thickness 4 feet.

Oil Gravity 36.8 API

Production wells from this docket:

a. Total number producing during reporting year 4.

b. Number drilled in reporting year 0.

c. Number abandoned in reporting year 0.

d. Total number of injection wells assisting production this project 1.

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)	20,527	127,780
B.	Gas or air injected into producing zone (MCF)	0	0
C.	Oil production from project area (BBLS) (Total)	2913	130,353
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	0	0
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 combution process, but excluding oil recovered by waterflood, pressure maintenance, or dump flood operations.	0	0

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 4-16-85

Signature John M Japp

Name ~~Andrew~~ JOHN JAPP

Title geologist

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.