Reporting Period end year 1984

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

DOCKET NO. CR-11826 KCC [C-21,515 KDHE]

[X] West
[ ] East

NW/4 SEC 35 ,T 17 S,R 1

Ginder

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Enhanced Recovery

Lease Name Ginder Well# 2
(if battery of wells, attach list with locations)
Feet from N/S section line 2310' N
Feet from W/E section line 990' W
Field Crowthers
County McPherson
Disposal[ ]or Enhanced Recovery[X]

Operator License Number 5276

Operator: Name & Address
Cal Jones
Box 5
Canton, Ks. 67428

Contact Person Cal Jones
Phone 316-628-4929

Person (s) responsible for monitoring well Cal Jones
Was this well/project reported last year? [X]yes [ ]no
List previous operator if new operator

I. INJECTION FLUID:

Type:
[ ]fresh water
[ ]brine treated
[X]brine untreated
[ ]water/brine mixture

Source:
[X]produced water
other:

Quality:
Total disolved solids ppm/mgm/liter
Additives
(attach water analysis, if available)

TYPE COMPLETION:

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

packer setting depth feet.
Maximum authorized pressure psi.
Maximum authorized rate 250-900 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.	4000	28	23Vac	23Vac	0	0
Feb.	3800	26	23	23	0	0
Mar.	4000	28	23	23	0	0
Apr.	4250	30	23	23	0	0
May	4300	31	23	23	0	0
June	4250	30	23	23	0	0
July	4300	31	23	23	0	0
Aug.	4300	31	23	23	0	0
Sept.	4250	30	23	23	0	0
Oct.	4300	31	23	23	0	0
Nov.	4250	30	23	23	0	0
Dec.	4300	31	23	23	0	0

Well tests and the results during reporting period:

*For disposal wells complete page 1 plus section D 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 B and C for each docket (project).

RECEIVED
STATE CORPORATION COMMISSION
JAN 28 1985
CONSERVATION DIVISION
Wichita, Kansas

12/83 Form U3C

Project Enhanced Recov. DOCKET # CR-11826 [C-21,515] for 1984

II. Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)

[ ] Controlled waterflood [W]
[ ] Pressure maintenance [P]
[X] 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: Mississippi Depth 2820 feet. Average Thickness _____ feet.

Oil Gravity 32 API

Production wells from this docket:

a. Total number producing during reporting year 1.

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)	50.3 50300	103 103350
B.	Gas or air injected into producing zone (MCF)		
C.	Oil production from project area (BBLS) (Total)	759.08 0.8	1,366.91 1.4
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	759.08 0.8	1,366.91 1.4
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.		

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 1/25/85

Signature Cal Jones

Name Cal Jones

Title O

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.

12/83 FORM U3C