

Reporting Period 1984

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

DOCKET NO. E-9151 []
KCC KDHE

SE/4 SEC 36, T 18 S,R 11 [☒] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Mary Ida Unit Well# 5
(if battery of wells, attach list with
locations)

Feet from N/S section line 2310

Operator License Number 6854

Feet from N/E section line 990

Operator: Sohio Petroleum Company
Name & 50 Penn Place, Suite 1100
Address Oklahoma City, OK 73118

Field Mary Ida

County Barton

Disposal[] or Enhanced Recovery[☒]

Contact Person G. J. Plisga
Phone 405-848-7571

Person (s) responsible for monitoring well D. E. Wilson
Was this well/project reported last year? [] yes [☒] no
List previous operator if new operator _____

I. INJECTION FLUID:

Type: Source: Quality:
[] fresh water [☒] produced water Total dissolved solids _____ ppm/mgm/liter
[] brine treated other: WSW Additives Nalco 3999 (bacteriacide)
[] brine untreated (attach water analysis, if available)
[☒] water/brine mixture

TYPE COMPLETION:

[☒] tubing & packer packer setting depth 2918 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 1000 psi.
[] tubingless (no tubing) Maximum authorized rate 1000 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>6,140</u>	<u>31</u>	<u>800</u>	<u>800</u>	<u>0</u>	<u>0</u>
Feb.	<u>5,430</u>	<u>29</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Mar.	<u>5600</u>	<u>31</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Apr.	<u>6400</u>	<u>30</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
May	<u>6160</u>	<u>31</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
June	<u>5440</u>	<u>30</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
July	<u>3280</u>	<u>31</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Aug.	<u>3100</u>	<u>31</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Sept.	<u>3050</u>	<u>30</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Oct.	<u>3200</u>	<u>31</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Nov.	<u>3150</u>	<u>30</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Dec.	<u>3120</u>	<u>31</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

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
STATE CORPORATION COMMISSION

APR 10 1985