	Reportin	g Period					
TO: STATE CORPORATION COMMISSION CONSERVATION DIVISION - UIC SECTION 200 COLORADO DERBY BUILDING WICHITA, KANSAS 67202				,	E-9151 [KCC K	DHE [X] West1 [] East	
ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY				Lease Name MaryIdaUnit Well# 10 (if battery of wells, attach list with locations) Feet from N/% section line 2310			
Operator License Number 6854				Feet from }	Feet from ₩/E section line 990		
Operator: Sohio Petroleum Company Name & 50 Penn Place, Suite 1100 Address Oklahoma City, OK 73118				Field Mary Ida County Barton			
Contact Phone_	Person G.	J. Plisga -848-7571		Disposal[]or Enhanced	Recovery[X]	
Was thi	(s) responsib is well/projec revious operat	t reported	last year? [D. E. Wilson		
I. INJE	CTION FLUID:						
[]fr []br []br	resh water rine treated rine untreated ater/brine mix	[X]pr other:	oduced water WSW	Total disease Additives	olved solids Nalco 3999 (bac ater analysis, if	ppm/mgm/liter teriacide) f available)	
	OMPLETION:						
[X]tu []pa []tu	ubing & packer ackerless (tub ubingless (no	ing-no pack tubing)	packer s er) Maximum Maximum	setting dept authorized authorized	h 2957 feet. pressure 1000 rate 1000 bbl/	_psi. /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.	1470	31	800	800	0	0	
Feb.	1640	29	ff	11	11	11	
Mar.	1640	31	ft .	tt .	11	11	
Apr.	1770	30	11	***	11		
May	5640	31	11	11	11	11	
June	5760	30	ff	ff	11	11	
July	3140	31	11	11	tt	11	
Aug.	3230	31		***	11	11	
Sept.	3060	30	11	11	11	11	

Well tests and the results during reporting period:

Oct.

Nov.

Dec.

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STATE CORPORATION COMMUNICATION

^{*}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 injudcion well (SWD and ER) but only one report of

Section II and III for each docket (project).

12/83 Form U3C