

Reporting Period 1984

T-A

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

DOCKET NO. KCC-11630 []
KCC KDHE

X

SEC 32, T 10S S, R 11 [XX] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Robl Well# 1
(if battery of wells, attach list with
locations)

Feet from N/S section line 2310'

Operator License Number 5098

Feet from N/E section line 320'

Operator: Shelley Oil Company
Name & Randall D. Shelley
Address 416 Union Center
Wichita, KS 67202

Field St. Peter

County Barton

Disposal[] or Enhanced Recovery[X]

Contact Person Randall D. Shelley
Phone 316-267-1237

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

I. INJECTION FLUID:

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

TYPE COMPLETION:

[XX] tubing & packer packer setting depth 2730 feet.
[] packerless (tubing-no packer) Maximum authorized pressure _____ psi.
[] tubingless (no tubing) Maximum authorized rate _____ 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>0</u>					
Feb.	<u>0</u>					
Mar.	<u>0</u>					
Apr.	<u>0</u>					
May	<u>0</u>					
June	<u>0</u>					
July	<u>0</u>					
Aug.	<u>0</u>					
Sept.	<u>0</u>					
Oct.	<u>0</u>					
Nov.	<u>0</u>					
Dec.	<u>0</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

Project _____ DOCKET # _____ [_____] for 198 _____

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: Lansing Depth 2912 feet. Average Thickness 216 feet.

Oil Gravity 37.0 API

Production wells from this docket:

- a. Total number producing during reporting year 9.
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.

	Current Year	Cumulative
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	<u>0</u>	<u> </u>
B. Gas or air injected into producing zone (MCF)	<u> </u>	<u> </u>
C. Oil production from project area (BBLs) (Total)	<u>15382</u> ^{15.4}	<u> </u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>14890</u> ^{14.9}	<u>423</u> <u>422900</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> </u>	<u> </u>

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STATE CORPORATION COMMISSION
MAY 23 1985
CONSERVATION DIVISION
Wichita, Kansas

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 5-22-85

Signature Randall Shelley
Name Randall Shelley
Title Operator

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.