Reporting Period 1-1-84 thru 12-31-84

Is not entered on the computer

DOCKET NO. CR-5,818 KCC [C-20,167 KDHE]

N/2-SW/4 SEC 4 ,T 19 S,R 12 [X] West [ ] East

Lease Name Miller Well# 2
(if battery of wells, attach list with locations)
Feet from N/S section line 1,650
Feet from W/E section line 2,970
Field Chevenne
County Barton
Disposal[ ]or Enhanced Recovery[X]

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Operator License Number 5310

Operator: Four-Way Operating, Inc.
Name & Box 698
Address Great Bend, Kansas 67530

Contact Person James W. Rockhold
Phone 316-792-2506

Person (s) responsible for monitoring well Kenneth Krauter
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 125,500 ppm/mgm/liter
Additives
(attach water analysis, if available)

TYPE COMPLETION:

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

packer setting depth 3,064 feet.
Maximum authorized pressure 1,500 psi.
Maximum authorized rate 1,000 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.	12101	31	0	0	0	0
Feb.	9480	21	0	0	0	0
Mar.	3527	8	0	0	0	0
Apr.	0	0	0	0	0	0
May	10167	15	0	0	0	0
June	9223	16	0	0	0	0
July	12026	22	0	0	0	0
Aug.	11406	24	0	0	0	0
Sept.	0	0	0	0	0	0
Oct.	0	0	0	0	0	0
Nov.	9817	17	0	0	0	0
Dec.	7520	17	0	0	0	0

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 EOR) but only one report of Section II and III for each docket (project).

RECEIVED
STATE CORPORATION COMMISSION

12/83 Form U3C

Project Miller DOCKET # CR-5,818 [C-[illegible],167] for 1984

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

[X]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-Kansas City Depth 3,171 feet. Average Thickness 131 feet.

Oil Gravity 35 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)	85,267	413,050
B.	Gas or air injected into producing zone (MCF)	0	0
C.	Oil production from project area (BBLS) (Total)	171	88,510
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	171	6,738
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 October 9, 1985

Signature [signature]

Name James W. Rockhold

Title President

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.