

Reporting Period 1984

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

DOCKET NO. 39,621-C [E-2434]
KCC KDHE

X

W2 E2 NE SEC 29 , T 21 S, R 1 [X] West
[] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name F. A. Hetzke Well# 7
(if battery of wells, attach list with
locations)

Feet from W/S section line 3960

Operator License Number 5663

Feet from W/E section line 990

Operator: HESS OIL COMPANY
Name & P. O. BOX 905
Address McPHERSON, KANSAS 67460

Field Graber

County McPherson

Disposal [] or Enhanced Recovery [X]

Contact Person Jim Hess
Phone 316-241-4640

Person (s) responsible for monitoring well Tom Bruce

Was this well/project reported last year? [X] yes [] no

List previous operator if new operator _____

I. INJECTION FLUID:

Type: [] fresh water [X] produced water Quality: Total dissolved solids 34,222 ppm/mg/liter
[X] brine treated other: _____ Additives _____
[] brine untreated (attach water analysis, if available)
[] water/brine mixture

TYPE COMPLETION:

[X] tubing & packer packer setting depth 3260 feet.
[] packerless (tubing-no packer) Maximum authorized pressure 0 psi.
[] tubingless (no tubing) Maximum authorized rate 700 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.	none	31	0	vac	0	0
Feb.		29	0	vac	0	0
Mar.		31	0	vac	0	0
Apr.		30	0	vac	0	0
May		31	0	vac	0	0
June		30	0	vac	0	0
July		31	0	vac	0	0
Aug.		31	0	vac	0	0
Sept.		30	0	vac	0	0
Oct.		31	0	vac	0	0
Nov.		30	0	vac	0	0
Dec.		31	0	vac	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).

12/83 Form U3C

FEB 20 1985

Project Graber Unit II DOCKET # 39,621-C [E-2434] for 1984

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

- 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: Hunton Depth 3280 feet. Average Thickness 30 feet.

Oil Gravity 44 API

Production wells from this docket:

- a. Total number producing during reporting year 5.
b. Number drilled in reporting year 0.
c. Number abandoned in reporting year 0.
d. Total number of injection wells assisting production this project 2.

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.

	<u>Current Year</u>	<u>Cumulative</u>
A. Liquid injected or dumped into producing zone (BBLs) (from side one for current year)	<u>94,380</u> <u>94.4</u>	<u>22,384,782</u> <u>22385</u>
B. Gas or air injected into producing zone (MCF)	<u>0</u>	<u>0</u>
C. Oil production from project area (BBLs) (Total)	<u>8692</u> <u>8.7</u>	<u>825,338</u> <u>825</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	<u>8692</u> <u>8.7</u>	<u>165,014</u> <u>165</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>0</u>	<u>0</u>

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 February 15, 1985

Signature Bryan Hess

Name Bryan Hess

Title Mgr.

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.