Reporting Period 1984

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

DOCKET NO. 102,801-C KCC [E-17586 KDHE]

X

NE SEC 14, T 23 S, R 23 [X] West [ ] East

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Lease Name E. F. Lippoldt Well# 2
(if battery of wells, attach list with locations)
Feet from N/~~S~~ section line 1980
Feet from ~~W~~/E section line 660

Operator License Number 5153

Operator: Texaco Inc.
Name & Prod Dept. U.S.
Address P.O. Box 2420
Tulsa, OK. 74102

Field Lippoldt

County Hodgeman

Disposal[ ]or Enhanced Recovery[X]

Contact Person R.W. Blohm
Phone 918-560-6205

Person (s) responsible for monitoring well T. E. Jackson
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 35000 ppm/mgm/liter
Additives
(attach water analysis, if available)

TYPE COMPLETION:

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

packer setting depth 4535 feet.
Maximum authorized pressure 1000 psi.
Maximum authorized rate 2000 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.	27,436	31	250	250	0	NA
Feb.	26,785	29	250	250	0	NA
Mar.	27,173	31	260	260	0	NA
Apr.	28,572	30	260	260	0	NA
May	22,933	31	260	260	0	NA
June	17,982	30	275	275	0	NA
July	20,472	31	275	275	0	NA
Aug.	21,354	31	280	280	0	NA
Sept.	22,900	30	260	260	0	NA
Oct.	28,867	31	250	250	0	NA
Nov.	30,271	30	280	280	0	NA
Dec.	31,014	31	280	280	0	NA

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 CP-4

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Project_____ DOCKET #_____ [_____] for 198____

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

[ ]Controlled waterflood [W]
[X]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: Miss. Depth 4550 feet. Average Thickness 20 feet.

Oil Gravity 34 API

Production wells from this docket:

a. Total number producing during reporting year 8.

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)	306 / 305,759	6803 / 6,803,329
B.	Gas or air injected into producing zone (MCF)	—	—
C.	Oil production from project area (BBLS) (Total)	10.5 / 10,460	935 / 935,439
D.	Oil production resulting from secondary recovery: (Oil recovered by Dumpflood, Waterflood, Pressure Maintenance by water injection)	10.5 / 10,460	935 / 935,439
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.	—	—

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 FEB 11 1984

Signature Raymond W. Blohm

Name SIGNED: Raymond W. Blohm

Title ASST. DRLG. & PROD. MANAGER

Complete all blanks - add pages if needed.

Copy to be retained for 5 years after filing date.