

Reporting Period 1984

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

DOCKET NO. 86,182-C [E-14,912]
KCC KDHE

SE/4 SEC 27, T 28 S, R 7 [☒] West
[☐] East

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Lease Name Alameda Unit #1 Well# TR 13-#1
(if battery of wells, attach list with
locations)

Feet from X/S section line 660

Operator License Number 5153

Feet from X/E section line 1980

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

Field Alameda

County Kingman

Disposal [☐] or Enhanced Recovery [☒]

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? [☒] yes [☐] no

List previous operator if new operator _____

I. INJECTION FLUID:

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

TYPE COMPLETION:

[☒] tubing & packer packer setting depth 3680 feet.
[☐] packerless (tubing-no packer) Maximum authorized pressure 2000 psi.
[☐] tubingless (no tubing) 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.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Feb.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Mar.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Apr.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
May	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
June	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
July	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Aug.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Sept.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Oct.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Nov.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</u>
Dec.	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>NA</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-TE CORPORATION COMMISSION

MAR 01 1985