

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

ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY

Reporting Period 1984

Operator License Number 5153

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

DOCKET NO. 103,129-C [E-17631]
KCC KDHE

SEC. 24, T 31 S, R 6 [X] West
[] East

Feet from N/S section line 2310'

Feet from W/E section line 990'

Lease Legal Description _____

Runnymede Unit TR 1- #8

Field Runnymede

County Harper

Contact Person R.W. Blohm

Phone 918-560-6205

INJECTION FLUID:

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

TYPE COMPLETION:

[X] tubing & packer packer setting depth 3590' feet.
[] packerless Maximum authorized pressure 400 psi
[] tubingless Maximum authorized rate 2400 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>13,900</u>	<u>31</u>	<u>225</u>	<u>225</u>	<u>0</u>	<u>NA</u>
Feb.	<u>17,608</u>	<u>29</u>	<u>310</u>	<u>310</u>	<u>0</u>	<u>NA</u>
Mar.	<u>7,200</u>	<u>31</u>	<u>315</u>	<u>315</u>	<u>0</u>	<u>NA</u>
Apr.	<u>5,600</u>	<u>30</u>	<u>135</u>	<u>135</u>	<u>0</u>	<u>NA</u>
May	<u>9,900</u>	<u>31</u>	<u>235</u>	<u>235</u>	<u>0</u>	<u>NA</u>
June	<u>8,900</u>	<u>30</u>	<u>250</u>	<u>250</u>	<u>0</u>	<u>NA</u>
July	<u>9,800</u>	<u>31</u>	<u>280</u>	<u>280</u>	<u>0</u>	<u>NA</u>
Aug.	<u>9,400</u>	<u>31</u>	<u>240</u>	<u>240</u>	<u>0</u>	<u>NA</u>
Sept.	<u>9,900</u>	<u>30</u>	<u>240</u>	<u>240</u>	<u>0</u>	<u>NA</u>
Oct.	<u>8,300</u>	<u>31</u>	<u>165</u>	<u>165</u>	<u>0</u>	<u>NA</u>
Nov.	<u>21,700</u>	<u>30</u>	<u>400</u>	<u>400</u>	<u>0</u>	<u>NA</u>
Dec.	<u>32,000</u>	<u>31</u>	<u>375</u>	<u>375</u>	<u>0</u>	<u>NA</u>

Well tests and the results during reporting period:.

Type of Secondary Recovery (check one if appropriate; does not apply to disposal well)
[] Controlled waterflood [W]
[X] Pressure maintenance [P]
[] Dump flood [D]

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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 (-2234) feet. Average Thickness 51 feet.

Oil Gravity _____ API

Production wells from this docket:

- a. Total number producing, 1981: 5
b. Number drilled in 1981: 0
c. Number abandoned in 1981: 0

4 injection total

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>T. 49551 496</u> <u>154,208</u>	<u>T 4233951</u> <u>1,148,781</u> <u>4234</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>10,362 10.4</u>	<u>154,547</u> <u>155</u>
D. Oil production resulting from secondary recovery: (Oil recovered by Dufflood, Water-flood, Pressure Maintenance by water injection)	<u>6853 6.9</u>	<u>68,366</u> <u>68.4</u>
E. Oil recovered by <u>Tertiary Recovery</u> 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, <u>but excluding</u> oil recovered by waterflood, pressure maintenance, or dump flood operations.	<u>0</u>	<u>0</u>

Person (s) responsible T.E. Jackson
for monitoring well _____

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.