

KANSAS CORPORATION COMMISSION

PLEASE TYPE ALL INFORMATION

TEMPORARY ABANDONED WELL APPLICATION
ALL REQUESTED INFORMATION MUST BE SHOWN

OPERATOR LIC.# 5447 EXPIRATION DATE 6-30-91 LEASE NAME REIN A SEC. 29TWP. 19RGE. 21W COUNTY NESS
 DATE December 17, 1990 WELL # 1 SPOT LOCATION C SW SW 4620 FEET FROM EAST LINE
 OPERATOR NAME OXY USA INC. API NO. N/A 1980 FEET FROM SOUTH LINE
 MAILING ADDRESS P. O. BOX 26100 TYPE OF WELL OIL TOTAL DEPTH 4421'
 CITY, STATE OKLAHOMA CITY, OK ZIP 73126-0100 DATE DRILLED 11-10-63 DATE SHUT-IN 7-18-86
 CONTACT PERSON ALICE C. MOZER PHONE (405) 749-2382 DOCKET NO. IF SWD OR INJ. _____
 SIGNATURE OF OPERATOR _____ *TYPE OF WELL INDEX: OIL GAS SWD INJ WSW

SURFACE CASING

OTHER CASING

	PLUG BACK DEPTH	PLUG BACK METHOD	DEPTH TO	ELEVATION	SIZE	DEPTH	CMT AMT	CONDITION OF CASING	SIZE	DEPTH	CMT AMT	CONDITION OF CASING
			FLUID FROM SURFACE									
INITIAL REQUEST <input type="checkbox"/>	NONE	N/A	1701	2295' KB	8 5/8"	538'	300 SX	GOOD	4 1/2"	4411'	375 SX	FAIR
RENEWAL REQUEST <input checked="" type="checkbox"/>	REASON FOR TA REQUEST: UNECONOMICAL TO PRODUCE.											

DEPTH AND TYPE OF TOOLS/JUNK IN HOLE NONE
 TYPE COMPLETION: ALT. I ALT. II DEPTH _____ CMT. AMT. _____
 TUBING IN HOLE: NONE INCH AT _____ FEET
 PACKER TYPE: NONE SIZE _____ INCH SET AT _____ FEET

GEOLOGIC DATA

Formation	Top	Bottom	Perforation	Open Hole
1. <u>MISSISSIPPIAN</u>	At: <u>4411</u>	to <u>4421</u>	feet Perforation <input type="checkbox"/>	or Open Hole <input checked="" type="checkbox"/>
2. _____	At: _____	to _____	feet Perforation <input type="checkbox"/>	or Open Hole <input type="checkbox"/>
3. _____	At: _____	to _____	feet Perforation <input type="checkbox"/>	or Open Hole <input type="checkbox"/>

DO NOT WRITE IN THIS SPACE - KCC USE ONLY	DATE TESTED	RESULTS	DATE PLUGGED	DATE REPAIRED	DATE PUT BACK IN SERVICE
	REVIEW COMPLETED BY: _____				APPROVED: YES [<input type="checkbox"/>] DENIED [<input type="checkbox"/>]
COMMENTS: _____					