

KANSAS CORPORATION COMMISSION

TEMPORARILY ABANDONED WELLS

ALL REQUESTED INFORMATION MUST BE SHOWN

OPERATOR LIC.# 5447 EXPIRATION DATE 6-30-89

CONTACT PERSON RICHARD E. ADAMS PHONE (405) 749-2472

DATE _____

LEASE NAME MOREL B SEC. 22 TWP 9 RGE. 21 W COUNTY GRAHAM

OPERATOR NAME OXY USA INC.

TOTAL # WELLS ON LEASE: 6 #OIL 5 #GAS _____ #INPUT _____ #SWD 1 #TA 1

MAILING ADDRESS P.O. BOX 26100

SIGNATURE OF OPERATOR Richard E. Adams

CITY, STATE OKLAHOMA CITY, OK ZIP 73126-0100

Y #15 N/A

DATE DRILLED	DATE SHUT-IN	TYPE OF WELL	FORMATION	TOTAL DEPTH	SIZE	SURFACE CASING		CONDITION OF CASING	SIZE	OTHER CASING		CONDITION OF CASING
						DEPTH	CMT AMT			DEPTH	CMT AMT	

WELL NO. <u>5</u>	<u>9/2/86</u>	<u>OIL</u>	<u>ARBUCKLE</u>	<u>3742'</u>	<u>8 5/8"</u>	<u>210'</u>	<u>125 SX</u>	<u>GOOD</u>	<u>5 1/2"</u>	<u>3730'</u>	<u>150 SX</u>	<u>GOOD</u>
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EXPLAIN BELOW, IN DETAIL, WHY WELL IS NOT BEING USED:

INITIAL REPORT _____

ANNUAL REPORT X SPOT LOCATION OF WELL: 990 N 990 W OF E/4 CORNER

DO NOT WRITE IN THIS SPACE - KCC USE ONLY

DATE TESTED	RESULTS	PLUGGED	REPAIRED	DATE PUT BACK IN SERVICE
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API #15 _____

DATE DRILLED	DATE SHUT-IN	TYPE OF WELL	FORMATION	TOTAL DEPTH	SIZE	SURFACE CASING		CONDITION OF CASING	SIZE	OTHER CASING		CONDITION OF CASING
						DEPTH	CMT AMT			DEPTH	CMT AMT	

WELL NO. _____												
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EXPLAIN BELOW, IN DETAIL, WHY WELL IS NOT BEING USED:

INITIAL REPORT _____

ANNUAL REPORT _____ SPOT LOCATION OF WELL: _____

DO NOT WRITE IN THIS SPACE - KCC USE ONLY

DATE TESTED	RESULTS	PLUGGED	REPAIRED	DATE PUT BACK IN SERVICE
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