SIDE ONE

	Well was completed on
STATE CORPORATION COMMISSION OF KANSAS	API NO. 15- 4-19-1943
OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM	County Graham
ACO-2 AMENDMENT TO WELL HISTORY	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Operator: License # 5447 Name OXY USA Inc.	4950 Ft North from Southeast Corner of Section Ft West from Southeast Corner of Section
Address P. O. Box 26100 Oklahoma City, OK 73126-0100	(Note: Locate well in section plat below)
City/State/Zip	Lease Name Morel B Well # 4
Purchaser Permian	Field Name Morel More/
	Name of New FormationLKC-Arbuckle
Operator Contact Person Raymond Hui Phone (405) 749-2471	Elevation: Ground <u>unknown</u> kB 2256'
Designate Type of Original Completion New Well Re-EntryX Workover	Section Plat
X 011 SWD Temp Abd Gas Ini Delayed Comp	X 4950 4620 4290
X 011 SWD Temp Abd Gas Inj Delayed Comp. P Dry Other (Core, Water Supply etc.)	CEIVED 3960 3630 3300
Date of Original Completion: 4-19-1943	7 1 1989 2970 2640 2310
181	RVATION DIVISION 1980 1650 1320
3-29-1989 5-9-1989	chita, Kansas 1320 990 660
,	330
Designate Type of Recompletion/Workover:	5280 4950 4950 4950 3950 3950 3950 3950 3950 3950 3950 3
X Deepening Delayed Completion	
Plug BackRe-perforation	K. C. C. OFFICE USE ONLY
Conversion to Injection/Disposal	F Letter of Confidentiality Attached C Wireline Log Received
s recompleted production:	CDrillers Timelog Received Distribution KCC SWD/Rep NGPA
Commingled; Ducket No.	KGS Plug Other
Dual Completion; Docket No.	(Specify)
Other (Disposal or Injection)?	6-1-89
INSTRUCTIONS. This for	
82-3-107 and 82-3-141 apply. Information on side two 12 months if requested in writing and submitted with excess of 12 months. One copy of any additional submitted) shall be attached with this form. Submit commingling or dual completions. Submit CP-4 with abandoned wells. NOTE: Conversion of wells to either submit form U-1.	icate and filed with the Kansas Corporation Commission, ithin 120 days of the recompletion of any well. Rules of this form will be held confidential for a period of the form. See rule 82-3-107 for confidentiality in wireline logs and driller's time logs (not previously ACO-4 prior to or with this form for approval of all plugged wells. Submit CP-111 with all temporarily disposal or injection must receive approval before use;
All requirements of the statutes, rules and regulation been fully complied with and the statements herein are Signature Bryan Humphries	ns promulgated to regulate the oil and gas industry have complete and correct to the best of my knowledge.
Signature Bryan Humphries /	tie Engineering Manager Date 5-30-89
10.0	of May 19 89
Notary Public Warsha G. Wilso	Date Commission Expires 4-1-92

SIDE TWO

Operator Name	OXY USA Inc.	_	Lease Nam	• Morel	BWell#_4	
dec <u>22</u> Twp	9S Rge 21	East West	County	Graham	1	
	RE	COMPLETED FORM	ATION DESCRIP	TION:		
•		X Log	Samp	l e		
	Name			Тор	Bottom	
	LKC Arbuckle			3424 3730	3630 3735	
					•	
	A	DITIONAL CEMEN	TI'NG/SQUEEZE	RECORD		
Purpose:	Depth Top Bottom	Type of C	i	Sacks Used	Type & Percent Additive	
Perforate Protect Casin Plug Back TD Plug Off Zone		at 36/5. to	PRID 3/36			
	PERFORATION RECO	Rn I				
Shots Per Foot	Specify Footage of	Specify Footage of Each Acid, Fr		Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		
No new p	erforation	100	gal 15% FE	acid		
ס3736'	Plug TypeCIBP					
		TUBING F	ECORD:	ı		
e <u>2-3/8"</u>	Set At3733'	Packer	A†	Was L	ner Run? Y X	
e of Resumed Prod	uction, Disposal or In	jection	5-9-1989	•		
imated Production	Per 24 Hours	bb	1/011 _8	366bb1/wa	ater	
		MC	Fgas	gas-oi	1 ratio	