

STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

15-065-19211-0001
Well was completed on:
API NUMBER 9-7-1964

#4

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE NAME Trico West Unit

WELL NUMBER 112W

660 Ft. from S Section Line

990 Ft. from E Section Line

SEC. 36 TWP. 10 SRGE. 21 (W)

COUNTY Graham

Date Well Completed 9-7-1964

Plugging Commenced 4-12-1989

Plugging Completed 4-12-1989

LEASE OPERATOR OXY USA Inc.

ADDRESS P. O. Box 26100, Oklahoma City, OK 73126-0100

PHONE#(405) 749-2471 OPERATORS LICENSE NO. 5447

Character of Well Input

(Oil, Gas, D&A, SMD, Input, Water Supply Well)

The plugging proposal was approved on January 25, 1989 (date)

by Mr. Carl Goodrow of District #4 (KCC District Agent's Name).

Is ACO-1 filed? Well was completed on: 9-7-1964 If not, is well log attached? yes

Producing Formation LKC Depth to Top 3562 Bottom 3568 T.O. 3744'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

RECEIVED
STATE CORPORATION COMMISSION

Formation	Content	From	To	Size	Put in	Pulled out
LKC	(Input well)	3562	3568	8-5/8"	240	0
		3596	3608	5-1/2"	3715	0
				DV Tool	1617'	

APR 27 1989
04-27-89
CONSERVATION DIVISION
Wichita, Kansas

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from feet to feet each set. Tied onto the 5-1/2" csg. & filled the long pipe to surface w/325 sx 65/35 cmt. w/8% gel +500 # hulls. State Witness: Mr. Carl Goodrow

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Company License No. _____

Address P. O. Box 678, N. Hwy. 281, Great Bend, KS 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: OXY USA Inc.

STATE OF Oklahoma COUNTY OF Oklahoma, ss.

Bryan Humphries (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Bryan P. Humphries

(Address) P. O. Box 26100, OKC, OK 73126-0100

SUBSCRIBED AND SWORN TO before me this 25th day of April, 19 89

Marsha G. Wilson

Notary Public

My Commission Expires: 4-1-92