STATE OF LOUISIANA
OFFICE OF CONSERVATION
INACTIVE WELL REPORT

COMPANY: _____ CODE NO. _____ DATE: _____
ADDRESS: _____ DISTRICT: _____
_____

FIELD & FIELD ID	WELL NAME	WELL NO.	SERIAL NO.	Date off production or ceased as Service Well	Utility Status Code	Proposed future for well *(See codes in instructions)*	Date scheduled for abandonment or utilization.

See Instructions on Reverse Side

FORM INACT WR-1 (2003)