API NO. OTC PROD. UNIT	1フ24 NO.									Dil & Gas Conserv Post Office B	TION COMMISSION ation Division 52000	2032220 402 JFR5	21	Form 1002A Rev. 2001
SHL 1/4 1/2 1/ ELEVATION / Derrick FI	py of original 1 NG OPERATIC HOLE	002A if recom DN DIRECTION everse for both S J.	AL HOLE tom hole loca SEC SEC SEC SEC SEC SEC SEC SEC SEC SEC	HOR IMPON WELL NO. /880 SPUD DATE IPLETION U	1-7 FWL OF 1/4	E sec				homa City, Oklahi	FORMATION SPACING & SPACING ORDER NUMBER CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp PERFORATED INTERVALS ACID/VOLUME Fracture Treated?	COMPLETION & Sefferson NS DRY GAS 3336-3340 500 GA) 109 NO		
OPERATOR NAM		Box 3		<u> </u>)K				INITIAL TE	ST DATE	4-15-01		
COMPLETION TY SINGLE ZO MULTIPLE	DE		·	FOR	DR GAS ZON	<u>s</u>		TOP	BOTTOM	OIL-GRAVI	, ,	0 10mcf		
	ED ORDER I				ffires	<u><u></u><u></u></u>		3530	3345	WATER-BB		60 blals.		
INCREASED DEN											JT-IN PRESSURE	Flowing 500*		
CASING & CEMEI TYPE Conductor	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP		тор	FLOW TUB	NG PRESSURE			
Surface Intermediate	ر.	20	LS	242	3000	100	242	54,	Rface	knowledge o by me or un	of the contents of this repor	yh, and pertinent remarks are i and am authorized by my org action, with the data and facts :	anization to make this rep	port, which was prepared
Production Liner	4,5	10.5	15	3335	4000	70	647	i 3	688		Water		JL WAT	LINS
PACKER @	NONE	BRAN	ND & TYPE	- <u> </u>		······································		_{гн} <u>З</u> ́	350		30x 325	(1)08B	15 18-756- PHONE NUMBER	12. 74445 15. 74445 6906

PLEASE TYPE OR USE BL. FORMATION REC Give formation names and tops, if available, or d drilled through. Show interevals cored or drillster	ORD escriptions and thic	kness of formations	LEASE NAME HOID WELL NO. 1-7
NAMES OF FORMATIONS SenorA Red Fork BARtlesville	тор 960 1250 1620	воттом 1060 1230 1660	APPROVED DISAPPROVED 1) ITD Section a) No Intent to Drill on file 1) Send warning letter 2) Recommend for contempt 2) Reject Codes
Booch HARtshorne	1930 2230 2915	2245	041-21224
WAPANUCKA UNION VAlley CROMWell Sefferson	3110 3240	3230 3260 3295	Were open hole logs run? yes yes no Date Last log was run
T.D. Other remarks:		3350	

640 Acres							
	;						
	i		!	1			
	;		i				
		!					
			:				
-							
		1		1			
			640 Acres	640 Acres			

If more than two drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth.

Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

- s_ -----

BOTTOM HOLI SEC	TWP	RGE	۹TY		
Spot Location	<u> </u>	<u> </u>	Feet From Quarter Se		
1/4	1/4	1/4	1/4	FSL	FWI
Measured Total	Depth	True Vertical Depth	BHL From Lease, Uni	t, or Property Line:	
		-			

SEC	TWP	RGE	COUNTY	—		
Spot Location				Feet From Quarte	r Section Lines	
1/4	1/4	1/4	1/4		FSL	FWL
Depth of Deviatio	n	Radius of Turn		Direction	Total Length	
Measured Total (Depth Tru	e Vertical Depth	End Pt Lo	ocation From Lease	Unit or Property Line:	

SEC	TWP		RGE	COUNTY			
Spot Location	·				Feet From Quarte	Section Lines	
1/4		1/4	1/4	1/4	1	FSL	FWL
		Total Length					
Measured Total Depth		True	Vertical Depth	End Pt Lo	cation From Lease.	Unit or Property Line:	

API No						
091	_	2	1	2	24	ł

OTC/OCC Operator No. 18957–0

"Was Cement Bond Log run?

Yes

ft

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division Post Office Box 52000-2000 Oklahoma City, Oklahoma 73152-2000 OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

	TYPE OR USE BLA	CK INK ONLY			
Field Name South Henryetta		OCC Distr	ict 4		
Operator JL Watkins		0CC/01C Operator No 18957-0			
Well Name/No. Hold #1		County	McIntosh		
$\frac{1}{100} = \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{4} $	sec 7	Twp 10N	Rge 13E		

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	intermediate Casing	Production String	Liner
ementing Date					3-3-01	
	1		1		6 1/4"	
Size of Drill Bit (Inches) Estimated % wash or hole enlargement		<u> </u>				
used in calculations					20	
Size of Casing (inches O.D.)					4 1/2"	
Top of Liner (if liner used) (ft.)					1	
Setting Depth of Casing (fl.)			1			
rom ground level					3335'	
Type of Cement (API Class)					_	
n first (lead) or only slurry					A	· · · · · · · · · · · · · · · · · · ·
n second slurry			<u> </u>			
n third siurry						
Sacks of Cement Used					70	
n first (lead) or only slurry					70	
n second slurry						
n third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)					84	
n first (lead) or only sturry			1	<u>+</u>	04	· · · · · · · · · · · · · · · · · · ·
n second slurry			<u> </u>			
n third slurry						
Calculated Annular Height of Cement					6.471	
pehind Pipe (ft)		 	_	_	647'	
Cement left in pipe (ft)		L			1.	
Amount of Condese Consister Required from E-	- (000)	910				
Amount of Surface Casing Required (from Form		<u>x, -</u>	<u>ft.</u>			
Was cement circulated to Ground Surface?	Yes	<u>X</u> No	"Was Cement Stagin	g Tool (DV Tool) used	?Yes	<u>X</u> N

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

"If Yes, at what depth?

X No (If so, Attach Copy)

* Designates items to be completed by Operator. Items not so designated shall be completed by the Cementing Company.

Remarks Remarks CEMENTING COMPANY OPERATOR I declare under applicable Corporation Commission rule, that I I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of am authorized to make this certification, that I have knowledge casing in this well as shown in the report was performed by me of the well data and information presented in this report, and or under my supervision, and that the cementing data and facts that data and facts presented on both sides of this form are presented on both sides of this form are true, correct and true, correct and complete to the best of my knowledge. This complete to the best of my knowledge. This certification certification covers all well data and information presented covers cementing data only. herein. Signature of Signature of Operator or Authorized Representative Name & Title Printed or Typed "Name & Title Printed or Typed Joe Smith - President J L Watkins/Operator Cementing Company Operator J L Watkins Oklahoma Oilwell Cementing Company, Inc. Address Address P.O. Box 967 P 0 Box 325 •Citv City Morris Cushing, *Zip Zio State *State OK 74445 Oklahoma 74023 Telephone (AC) Number Telephone (AC) Number (918) 225-3040 918-756-6906 Date *Date 3-5-01 03/03/02

INSTRUCTIONS

- 1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
 - B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
 - C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- 2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- 3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
- 4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

AP No

091 - 21224 OTC/OCC Operator No.

18957-0

"Was Cement Bond Log run?

ft

OKLAHOMA CORPORATION COMMISSION Oil & Gas Conservation Division Post Office Box 52000-2000 Oklahoma City, Oklahoma 73152-2000

OAC 165 10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 155:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

	TYPE OR	USE BLACH	K INK ONLY			
*Field Name				OCC District		
South Henryetta					4	
*Operator				OCC/OTC O	perator No	
J. Watkins						
"Well Name/No.				County		
Hold #1				M	lcInt <u>osh</u>	
^{*Location} $W_{1/124} = 1_{1/42} = SW_{1/4} = 1/4$	Sec	7	Twp 1	ON	Rge <u>13E</u>	

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cemening Date		1-11-01				
Size of Drill Bit (Inches)		10"				
Estimated % wash or hole enlargement used in calculations		20				
Size of Casing (inches O.D)		7"				
'Top of Liner (if liner used) (ft.)						
Setting Depth of Casing (ft.) from ground level		242'				
Type of Cement (API Class) n first (lead) or only slurry		А				
n second sturry						
n third sturry					 	
Sacks of Cement Used In first (lead) or only slurry		100				
In second sturry	_					
in third slurry						
Vol of slurry pumped (Cu fl)(14 X15.) in first (lead) or only slurry		118				
n second slurry			<u>_</u>			
In third slurry						
Calculated Annular Height of Cement behind Pipe (fl)		242'				
Cement left in pipe (fl)		20'				
Amount of Surface Casing Required (from For	m 1000) 210		ħ.			
			1		· · · · · · · · · · · · · · · · · · ·	
Was cement circulated to Ground Surface?	<u>X</u> Yes	No	*Was Cement Staging	g Tool (DV Tool) used?	? Yes	_ <u>x</u> _No

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

"If Yes, at what depth?

X No (If so, Attach Copy)

Yes

* Designales items to be completed by Operator. Items not so designated shall be completed by the Cementing Company.

Remarks "Remarks CEMENTING COMPANY OPERATOR I declare under applicable Corporation Commission rule, that I I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge . am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me of the well data and information presented in this report, and or under my supervision, and that the cementing data and facts that data and facts presented on both sides of this form are presented on both sides of this form are true, correct and true, correct and complete to the best of my knowledge. This complete to the best of my knowledge. This certification certification covers all well data and information presented covers cementing data only. herein. Signature of Signature o perator or Authorized Representative Name & Title Printed or Typed *Name & Title Printed or Typed Joe Smith - President JLWatkins/Operator Cementing Company Operator JLWatkins Oklahoma Oilwell Cementing Company, Inc. Address Address PO Box 325 P.O. Box 967 City *City Morris Cushing, State 'State *Zip ZiD OK 74445 74023 Oklahoma *Telephone (AC) Number Telephone (AC) Number (918) 225-3040 918-756-6906 Date 'Date 1-12-01 03/03/02

INSTRUCTIONS

- 1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
 - B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
 - C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- 2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- 3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
- 4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

PERMIT TO DRILL OTC/OCC Number: 18957-0	OKLAHOMA CORPORATION COMMISSION API Number: 091-21224	PERMI Approval Date: 11/16/2000 Expiration Date: 05/16/2001	T TO DRILL
Notice of Intention To: DRILL Type of Drilling Operation: STRAIGHT HOLE County: MCINTOSH Spot Location: W2 E2 Feet From: SOUTH 1/4 Section Line 1320 Feet Lease Name: HOLD	Well Type: OIL/GAS We SW4	ll Location: Sec: 7 Twp: 10N Rge: 13 Feet from the nearest lease line: 76 Operator Name: J L WATKINS TELEPHONE: (918) 756-6906	
Surface Owner Address MICHAEL DENNY HOLD RT 2 BOX 74 DUSTIN OK 74839		Operator Return Address J L WATKINS P.O. BOX 325 MORRIS OK 74445	
Operation to Begin: 00/00/0000	Fresh Water Supply Well Drilled:	NO Surface Water used to	Drill: YES
Formation Codes, Names, Depths, (Permit Valid (1) 404SNOR SENORA /SD/ (3) 402WPCK WAPANUCKA (5) 402CMWL CROMWELL (7) 269HNTN HUNTON /LM,GROUP/	For Listed Formations Only): 1000 (2) 404HRSR 2700 (4) 402UNVL 3030 (6) 402JFRS 3700 (8) 202WLCX	HARTSHORNE UNION VALLEY JEFFERSON /ARK/ OKLA/ WILCOX	2175 2500 3150 3850
Spacing Order Numbers: 260445	Specia	l Orders:	
Pending CD Numbers: Location Exception Order	Total s: Increased Density Orders: Depth: 3900	Ground Surface Depth to base of Elevation Casing: Water-Beari 680 210 160	
<pre>PIT 1 INFORMATION: Type of Pit System: ON-SITE Type of Mud System: WATER BASED Expected Chloride Content of Pit: Maximum 1500 PPM; Average 1000 PP Pit <u>is</u> located in a Hydrologically Sensit Category of Pit: 1B SOIL OR 20 MIL GEOMEMBRANE LINER REQUIRED Pit Location is Terrace Deposit. Pit Location Formation: TERRACE</pre>	ive Area.		
Approved Method for disposal of Drilling Flui Evaporation/Dewater and Backfilling of Re 24HR NOTICE PRIOR TO TESTING PIT LINER.			

This permit does not address the right of entry or settlement of surface damages. The duration of this permit is Six Months, except as otherwise provided by Rule 165: 10-3-1.

Rule 165: 10-3-4 (E)- The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.

PCN: C1170220L7 11/17/2000

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	IGINAL ONLY					e or re						REV 1	1000 1994		
PLEASE TYPE	OR USE BLACK INK	-		HOMA CORPORATIO	-			·							
1. OTC/OCC OPER	-		OIL	& GAS CONSERVA					ATCH N	UMBER	(OCC US	E ONLY)			
<u>1895'</u> 2. Api number	/-0	-		JIM THORPE BU P.O. BOX 52000				1	1.4	4 U	21	8			
nal nu	121		01	KLAHOMA CITY, OK					л. "+	• •					
091-212	·			(RULE 165:10	-3-1)										
3. NOTICE OF IN		(CHECK ONL' REENTER		AMEND - REASON						R SPAC					
	NOTE : ATTACH COP	Y OF 1002-A IF RE	ECOMPLETION OR RE	ENTRY.					JWC 0						
4. TYPE OF DRIL	LING OPERATION >	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	(NOTE: If direction	al or horizontal, see rever	se side for bottom hole i	location)				5280					
	STRAIGHT HOLE	DI	RECTIONAL HOLE	e Horiz	ONTAL HOLE	2310-		1							
		INJECTION	DISPOSAL	WATER SUPP	PLY	2010			-	4					
5 WELL LOCATIO	ON. TOWNSHIP	TRANGE	ICOUNTY	•		ר ^{1650–}	i 1								
7	1 O N	13E		ćIntosh					-+				-		
SPOT LOCATION	SX 1 SW		FEET FROM QUAL	ATER TOT SOUTH LINE	Inom WEST LINE	990-									
W/2 & 14		V 1/4	1/4 BECTION LINES	1320	1880	330-									
760 . 7. Well will be	660 test from re	eerest lease unit	or property bounds				┢╾┽		<u> </u>	¥				Т	
LEASE NAME			or property boosto	WELL NUMBER		2310-	1	Í		ľ	i	1		N	/
	Hold				1-7	1650-									
I. NAME OF OPERA	J L Watk	- ine				1000-	⊨⊢			_					
ADDRESS			PHONE (AC/N	UMBER)		990-				1					
	P O Box	325		918-75	56-6906						┝───┤-				
CITY	Morris		STATE	0k 74	21P CODE 1445	330-				1					
0. SURFACE OWNI	ER (one only, attach sheet	for additional owners				4	` 8	- 1320	. 1980	28	- 1320	1980	2640		
	Michael							•		0	0		8		
ADDRESS	Rt. 2 Bc					11 is well	located			deral ju	isdiction	1? -			
CITY		/A / 7	STATE			12 Will a v			<u>K_N</u>	YX			_	K	
	Dustin		0	k 74	1839			ter be use			_" N			F	: 1
		PHATIONS AND				13 DATE	OPERAT	FIONS TO						0	- (
	IN LIGE TARGET PU	INARCIONS AND	OCFINS OF EAC	H BELOW (LIMITED TO			ASA	<u>.Р</u>							ġ
1) 50	nora		1000	LOYSNOR 6)	Jeffers	0 D	-	3150	5	400	SFR	5			
<u> </u>				70 777010				21 20	/	10#	7110		Z	2	
2)							-			_			12	>	
<u> </u>	rtshore		2175	404 HRSR 7)	Hunton			3700	<u>)</u>	26	9 HA	17N			
3) () (Denuka	·	•												
<i>wa</i>	rtshore panuka		2700	402 wPcn 8)	Hunton Wilcox			<u>3700</u> 385			9 HA 2 WI				· .
3) Wa 4) Wa	ion Valle	ey	2700												
4) (J.) 5) (J.)	panuka Dion Valle	ey	2700	402 wPcx ⁸⁾ 402 UNVL ⁹⁾											101110
4) (Jo 5) (Cro	<u>rtshore</u> <u>2 panuka</u> 1 ion Valle Mumber(s) AND SIZE U	с. Ч	27001 29001 3030	402 wPCK ⁸⁾ 402 UNVL ⁹⁾ 402 CMWL ¹⁰⁾	Wilcox										
4) (Jo 5) (Cro	Danuka Nion Valle Inwell	ец NIT(S) 26	2700	402 wPCK ⁸⁾ 402 UNVL ⁹⁾ 402 CMWL ¹⁰⁾											
4) ())))) () () () () () () (<u>A Danu ka</u> <u>1 ian Ualle</u> <u>Innwell</u> Number(s) and size u	26	27001 29001 3030	402 wPCK ⁸⁾ 402 UNVL ⁹⁾ 402 CMWL ¹⁰⁾ 248231	160 Lu)ilcox			385		20					
4) ()))))) () () () () () ()	A DANUKA Dian Valle Anumber(s) and size u Ation c.d. no	2.6	2700 2900 3030 0445 & -	402 wPCK ⁸⁾ 402 UNVL ⁹⁾ 402 CMWL ¹⁰⁾ 2482 3 1 18. INCREASED DE	160			385	υ	20					
4) ()))))) () () () () () ()	<u>A Danu ka</u> <u>1 ian Ualle</u> <u>Innwell</u> Number(s) and size u	2.6	2700 2900 3030 0445 & -	402 wPCK ⁸⁾ 402 UNVL ⁹⁾ 402 CMWL ¹⁰⁾ 24823 1	1.0);] COX 160			385	υ	20					
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4) (4) 5) (7) 5. EPACING ORDER 6. PENDING APPLIC 8. TOTAL DEPTH 	2 <u>DANUKA</u> <u>DIUN</u> <u>UALI</u> <u>NUMBER(S)</u> AND SIZE U SATION C. D. NO 20 GROUND ELEV <u>C. S.C.</u> ASING PROCEDURE, ONG <u>A COMMUNICATION OF COMMUNICATION</u>	2 6	2700 3030 3030 0445 & ICCEPTION ORDER NO SE OF TREATABLE W 0 Sect CAFFIDAVIT REQUIR to ground surface on the	40 2 wfck 8) 402 UNVL 9) 402 CMWL 9) 402 CMWL 9) 403 CM	160 NSITY ORDER NO VG 23 ALT CASHIG PROG USED?YX_N~			385	υ	20					
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4) (4) 5) (7) 5. EPACING ORDER 6. PENDING APPLIC 8. TOTAL DEPTH 	A DAN LI KA DAN WELL ANUMBER(S) AND SIZE U CATION C. D. NO 20 GROUND ELEV C. S.C. ASING PROCEDURE, check A. Coment will be circula B. Coment will be circula B. Coment will be circula DAN Using more than one p A Type of much asy	26	27001 2900 3030 0445 & - CCEPTION ORDER NO SE OF TREATABLE V 0 SE	402 wfck 8) 402 UNVL 9) 402 CMWL 9) 402 CMWL 10) 248231 248231 5 18. INCREASED DE NATER 22 SURFACE CASH 210 210 ED, see reverse side, the 31 he production casing siding depth by use o Hyss. Ill out the 25.2 on top issed;gas based (ar c)	160 NSITY ORDER NO NG 23 ALT CASHIG PROG USED?YX_N (a two stage cornering tool. reverse side prilled)			385	υ	20					
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File the Form 1001A, Spud Report, within fourteen days of commencement of operations CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION.

	A Typ								DOT				
P1T # 2							ppm, avarage id If off-site, specify		ppm				
							Asse of pit?Y						
	E. Wit	hin 1 mile o	f municipa	l water w			·	_	OFFSITE PIT	.			
	F. We	Ineed Prote			N								
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TYPE OR USE BLAC SEE REVERSE FOR IN		OKLAHOMA CORPOR Oil and Gas Conse Post Office I Oklahoma City, Okla	rvation Divisior 30x 52000)	6051094	Form 1003/1003c (Rev. 2001)
API NO. 091 – 21224 OTC PROD UNIT NO.		PLUGGING OAC 165			(TRA	
PLUGGING DATE 09/09/03 Well Name/No.						
Well Name/No. Hold #1-7 Location						
1/4 W/2%E/	2 x4 SW 1/4	Sec 7	Twp 10N	Rge 13E		
1320 Ft FSL of Total Depth 3350'	Base of Tre	Ft FWL of 1/4 Sec atable Water 50 '	County Me Well Classific Dr v	cIntosh ation		
OPERATOR Name						Locate Well on Grid
J L Watki Address	ns		<i>,</i>		, 18	957_0
P O Box 3			State	· · · · · · · · · ·	(91)8 Zip	756-6906 (299-780
Morris		·	01	٢		445
PIPE RECORD	Size	Run (ft)	Pi	illed (ft)	PERFORA	ATION DEPTHS
		· · · · · · · · · · · · · · · · · · ·		Conductor	Set 1 - Fron	n 3269 ^{To} 3295
	7"	242'	0'	LC.	Set 2- From	п То
		· · · · · · · · ·		I.C.	Set 3- From	n To
	4.5	3335'	24551	P.C.		<u>.</u>
				Lnr.	Set 4- From	n To
Plug Type of Plug	Hole Size o Pipe Size	r Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1 CIBP	4.5	3015'	2	2.70	2990'	
CEMEN'	r 6.25	360'	75	88.80	SURFACE	
	··· · ····					
- 5						
REMARKS		I				1. 17.11 200
						MAY U 8 2000
Reason for Plugging		·				0 2000
CEMENTER CERTIF	DRY ICATION	· · · · · · · · · · · · · · · · · · ·				SAS/ADA DISTRICT
certify all cementing data			-		enting was performed by n	ie or under my direct supervision. I
Signature	> 7	Date 10/25/		Typed or Printed	Supervisor	
Company Name	<u>~~</u>	<u> </u>	<u> </u>			Permit No.
Address	Dil Servic O. Box 23	e Company 26				342 Phone 019 697 7831
City	skogee	<u> </u>		State OK		918-687-7831 ^{Zip} 74402
OPERATOR CERTIFI	CATION	sion fulle that I am authoriz	ed to make this			lata and information presented herein,
audithat data and facts pre	esented are ture, correct	t, and complete to the best o	f my knowledge	This covers all wel	I data and information pres	sented herein.
to U IJ	teri	10/25/		.Watkins/	Operator	
CORPORATION COM By signing this form, the I	District Manager has a	pproved the contents thereof	as to form only	Said District Mana	ger does not warrant the fa	cts provided by the operator are true
or that the operator has pr	operly plugged the des	cribed well.		~	0	/
Sumature of Detroit Man	Marchy		Field Insp	Deal	n Caldwell	
- Summer of Automation 21011	-5*'	<u> </u>	ricid hispo			