TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

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

Form 1003/1003C
Rev. 2016

API NO.	063-23694
OTC PROD. UNIT NO.	063-115894
PLUGGING DATE	04/04/17

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

		X					

Locate Well on Grid

Well Name/No. Sharen Kay #1-23

Location NW 1/4 SW 1/4 SE 1/4 SW 1/4 | Sec 23 | Twp 9N | Rge 12E

1292 Ft FSL of 1/4 Sec | 1484 Ft FWL of 1/4 Sec | County Hughes

Total Depth 1158 | Base of Treatable Water 170 | Well Classification Gas

OPERATOR

Name	Redbud E&P, Inc.	OTC/OCC No.	21853-0
Address	P.O. Box 250	Phone	832-698-4901
City Quinton	State OK	Zip	74561

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
7"	243	0	Surface
4.5	1156	0	I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	1031	To	1036
Set 2-	From	1042	To	1046
Set 3-	From		To	
Set 3-	From		To	

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CEM	4.5/~~8.625~~ 7"	200	55	66	Surface	
2	CIBP	4.5	981	2	2.4	965	
3							
4							
5							

REMARKS

Reason for Plugging: Depleted

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per OCC instructions. The cementing was performed by me or under my direct supervision. I certify that all cementing data is true, correct and complete.

Signature	Date 4/4/17	Name and Title Typed or Printed	Kelly McQueen
Company Name	McOil Service co	Permit No.	342
Address	P.O. Box 2326	Phone	918-687-7831
City Muskogee	State OK	Zip	74403

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are ture, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature	Date 4-4-17	Name and Title Typed or Printed: Eric Dehart Field Supervisor

CORPORATION COMMISSION USE ONLY

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Dennis Langdon