1002A-YES 2W
Completed 12-30-57

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. 2008)

PLUGGING RECORD
OAC 165:10-11-7

API NO. 35-049-35582
OTC PROD. UNIT NO.
PLUGGING DATE 5/5/17

Well Name/No. Joe Cook #1

Location SW 1/4 SW 1/4 SW 1/4 | Sec 12 | Twp 1N | Rge 3W
330 Ft FSL of 1/4 Sec | 330 Ft FWL of 1/4 Sec | County Garvin
Total Depth 2092' | Base of Treatable Water 750' | Well Classification Dry

Locate Well on Grid

OPERATOR

Name: Lewis Oil Operations, LLC | OTC/OCC No. 13189
Address: P.O. Box 220 | Phone ( ) 580-856-3435
City: Ratliff City | State: OK | Zip: 73481

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8"	82'	None	Surface
			I.C.
			I.C.
			P.C.
			Liner

PERFORATION DEPTHS

Set 1 - From To
Set 2- From To
Set 3- From To
Set 4- 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	Cement	8 5/8"	800'	270 sks	63.5 bbls	Surface	Surface
2							
3							
4							
5							

REMARKS

Washed down to 800' w/ tbg inside 8 5/8" csg. Circulate to surface inside 8 5/8" csg from 540' w/ 270 sks Class "C" cement.

Reason for Plugging: NON-COMMERCIAL

CEMENTER CERTIFICATION

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

Signature | Date 5/9/17 | Name and Title Typed or Printed: Jason Orr - Manager
Company Name: Orr Enterprises , Inc. | Permit No. 825
Address: P.O. Box 1706 | Phone 580-251-9618
City: Duncan | State: Oklahoma | Zip: 73534-1706

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: Dale D Lovely | Date 5/18/17 | Name and Title Typed or Printed: Dale D. Lovely, Petr. Engr.

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.

Signature of District Manager

David Lansdale
Field Inspector