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. 2001)

API NO. 037-23537
OTC PROD. UNIT NO.

PLUGGING RECORD
OAC 165:10-11-7

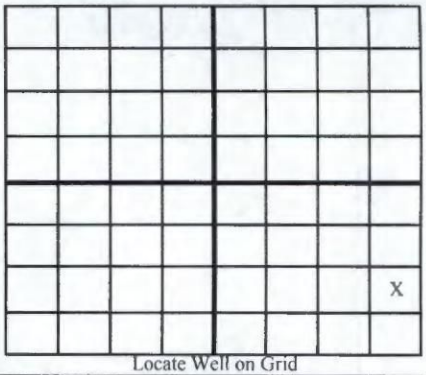
PLUGGING DATE 5/12/2017

GPS — Lat Deg 35.0 Min 59.0 Sec 35.1 — Long Deg 95.0 Min 7.0 Sec 40.9

Well Name/No. Bench Betty #1

Location 1/4 NE 1/4 SE 1/4 SE 1/4 Sec 20 Twp 17N Rge 8E
Ft FSL of 1/4 Sec Ft FWL of 1/4 Sec County Creek

Total Depth 1725' Base of Treatable Water 750' Well Classification Oil



Locate Well on Grid

OPERATOR
Name State Funds
OTC/OCC No. 09999
Address
Phone 918)
City State Zip

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
7"	NA	0	Surface
			I.C.
			I.C.
4 1/2"	NA	0	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	4 1/2"	1725'	80 sk	98 cu.ft	1625'	
2	Cement	4 1/2"	850'	120 sk	148 cu.ft	550'	
3	Cement	4 1/2"	80'	50 sk	62 cu.ft	Surface	3'
4				0 sk	0 cu.ft		
5				0 sk	0 cu.ft		

REMARKS
Set cast iron bridge plug at 1725' shot squeezed hole and spotted 80sks cement thru tubing 100' plug shot holes at 850' spotted 120sks 300' plug set overnight and reshot at 80' Circulated to the surface
Reason for Plugging

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 5/14/17 Name and Title Typed or Printed Billy Pierce-Cementer
Company Name P & P Cementing, LLC Permit No. 827
Address P.O. Box 187 Phone 918-273-2226
City Nowata State Oklahoma Zip 74048

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 true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.
Signature Date Name and Title Typed or Printed

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 Field Inspector Ed. Sullivan