

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

RECEIVED Form 1003/1003C
Rev. 2015

API NO. 025-21070
OTC PROD. UNIT NO.
PLUGGING DATE 03/09/17

PLUGGING RECORD
OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

MAY 25 2017
OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE

Well Name/No. See 1-35 A SWD
Location SE 1/4 NW 1/4 NE 1/4 NW 1/4 Sec 35 Twp 6N Rge 3ECM
2237 Ft FSL of 1/4 Sec 1931 Ft FWL of 1/4 Sec County Cimarron
Total Depth 1754' Base of Treatable Water 450' Well Classification Disp

OPERATOR

Name Ramsey Property Management, LLC OTC/OCC No. 20995-0
Address 2932 NW 122nd St, Suite 4 Phone 405-302-6200
City Oklahoma City State OK Zip 73120-1955

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
14"	40'		Surface
			I.C.
			I.C.
5 1/2"	1754'	0	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From	1550'	To	1678'
Set 2 - From		To	
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	5 1/2"	1363'	20	23.6		1187"
2	CEM	5 1/2"	500'	55	64.9	4'	VIS
3							
4							
5							

REMARKS

Reason for Plugging

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 *Kirby Lillard* Date 03/09/17 Name and Title Typed or Printed Kirby Lillard, President
Company Name Sargent & Lillard Casing Pulling Inc. Permit No. 803
Address P.O. Box 1450 Phone 580-254-1881
City Woodward State OK Zip 73802-1450

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 *Stephen E. Nichols* Date 5/24/17 Name and Title Typed or Printed Stephen E. Nichols - Managing Director

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 *Bow Tie* Field Inspector *Rich Kersney*