

USE BLACK INK
FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
POST OFFICE BOX 52000
OKLAHOMA CITY, OKLAHOMA 73152-2000

FORM 1003/1003C

API 13302148
 .OD. UNIT NO. 133-032901
 PLUGGING DATE 5/26/2017-START END 5-19-17

PLUGGING RECORD
OAC 165:10-11-7

WELL NAME / NO. Davis A 1
 Location 1/4 NW 1/4 SW 1/4 SE 1/4 Sec 07 Twp 06N Rge 08E
990 Ft. FSL of 1/4 Sec 330 Ft. FWL of 1/4 Sec _____ County Seminole
 Total Depth 4201 Base of Treatable Water 300 Well Classification oil

Operator Name Rayland Operating OTC/OCC No. 236741
 Address P.O. Box 93 Phone 405-747-5438
 City Moro State IL Zip 62067

Pipe Record	Size	Run (ft)	Pulled (ft)	
	<u>15 1/2</u>	<u>32'</u>	<u>0</u>	Conductor
	<u>8 5/8</u>	<u>2921'</u>	<u>0</u>	Surface
	<u>7"</u>	<u>3290'</u>	<u>0</u>	I.C.
				I.C.
	<u>4 1/2</u>	<u>3276'</u>	<u>0</u>	P.C.
				Lnr.

PERFORATION DEPTHS		
<u>OPEN Hole</u>		
SET 1-	FROM <u>4085'</u>	TO <u>4199</u>
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	Cmt Class H	4 1/2	3205	55	64.9	2479	2400
2	Cmt Class H	4 1/2	1950	100	118	1950	
3	Cmt Class H	4 1/2	467	140	165.2	467	
4	Cmt Class H	4 1/2	465	40	47.2	0	
5	<u>CMT CLASS H</u>	<u>4 1/2</u>	<u>55</u>	<u>5</u>			<u>Surface</u>

REMARKS

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 [Signature] Date 06/01/2017 Name and Title Typed or Printed Jimmie Cottrell, Cement Supervisor
 Company Name: Basic Energy Services Permit No. 849
 Address 479 FM 1630 Phone 940-665-1316
 City Gainesville State Texas Zip 76240

OPERTAOR 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, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature [Signature] Date 6-20-17 Name and Title Typed or Printed Mike Raynes V.P.

CORORATION 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 _____