

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 1003/11
Rev.

API NO.	133 24694
OTC PROD. UNIT NO.	133 122518
PLUGGING DATE	06/26/17

PLUGGING RECORD
OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No. Sheffield # 2 - 28							
Location	NW 1/4	NW 1/4	1/4	1/4	Sec 28	Twp 8 N	Rge 8 E
Ft FSL of 1/4 Sec			Ft FWL of 1/4 Sec			County Seminole	
Total Depth	4,235'	Base of Treatable Water	710'	Well Classification		Oil	

OPERATOR		Locate Well on Grid	
Name	Lance Ruffle Oil & Gas Corp. LLC	OTC/OCC No.	15459 0
Address	P.O. Box 1101	Phone	
City	Wewoka	State	Ok.
		Zip	74884

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	8 5/8"	760"		Surface
				I.C.
				I.C.
	5 1/2"	4,217"	2100'	P.C.
				Lnr.

PERFORATION DEPTHS			
Set 1 -	From	4,100	To 30'
Set 2-	From	4,070	To 90'
Set 3-	From	4,030'	To 40'
Set 3-	From	3,236'	To 42'

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CIBP	5 1/2"	3,102"	2	2.36 Cu. Ft.	3,092"	
2	Cement	7 7/8"	862'	100	118 Cu. Ft.		553'
3	Cement	8 5/8"	65'	15	17.7 Cu. Ft.		Surface
4							
5							

REMARKS

TIH with tbg to 3,085' circulated hole with mud. TOH rig up wireline & cut csg @ 2,100' Laid down csg. TIH with 862' tbg spot plug.

TIH with tbg and tagged cement @ 553'. TOH with tbg except for 65' Pumped 15 sks circulated cement to surface.

Reason for Plugging: Dry Hole

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	Name and Title Typed or Printed
<i>Rick Strain</i>	06/27/17	Rick Strain Cementer
Company Name	Ada Energy Services	
Address	13710 C.R. 1550	Permit No. 820
City	Ada	State Ok. Zip 74820

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
<i>Jim Trepanier</i>	06/26/17	Jim Trepanier, Vice-President/Manager

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.

Grant Ellis FI Rich Carlson