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. 2016

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO.	35-073-22095
OTC PROD. UNIT NO.	073-056226-0
PLUGGING DATE	6-13-17

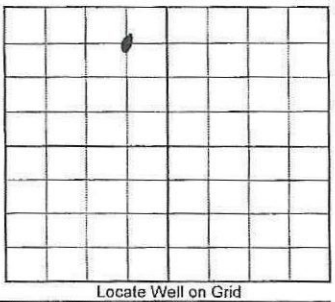
Well Name/No. CORA #1

Location C 1/4 NE 1/4 NW 1/4 1/4 Sec 31 Twp 16N Rge 05W

1980 Ft FSL of 1/4 Sec 1980 Ft FWL of 1/4 Sec County KINGFISHER

Total Depth 7635 Base of Treatable Water 260 Well Classification OIL

Locate Well on Grid



OPERATOR

Name OKLAHOMA ENERGY ACQUISITIONS LP OTC/OCC No. 23509

Address 15021 KATY FWY SUITE 400 Phone 281-943-1373

City HOUSTON, State TX Zip 77094

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8	390	0	Surface
			I.C.
			I.C.
4 1/2	7635	3355	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From 7126 To 7310

Set 2- From 7343 To 7500

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	CIBP	4 1/2	7060	2	2.36		
2	CIBP	4 1/2	6700	2	2.36		
3	CEM	7 7/8	3405	35	41.3	3283	
4	CEM	7 7/8-8 5/8	490	90	106.2	190	215
5	CEM	8 5/8	34	10	11.8	4	

REMARKS

CIRCULATE HOLE W/MUD, SET CIBP @ 7060, #2 @ 6700, CUT CASING @ 3355-LAY DOWN PUMP 35 SX CEM @ 3405 TO 3283, PUMP 90 SX CEM @ 490 TO 190, TAG @ 215, 10 SX

Reason for Plugging @ 34 TO 4 - CUT OFF 8 5/8 HEAD , WELD ON ID PLATE.

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 RW Steen Date 6-13-17 Name and Title Typed or Printed RW STEEN MANAGER

Company Name Excel Cementing Services, LLC Permit No. 8816

Address P.O. Box 160 Phone 580-227-3101

City Cleo Springs State OK Zip 73729

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 Date 7-6-17 Name and Title Typed or Printed LARRY W. TRIPLETT / AGENT

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 Bobby Blakley

RECEIVED

JUL 06 2017

OKLAHOMA
CORPORATION COMMISSION
KINGFISHER OFFICE