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SEP 26 2017
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

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. 3507322191
OTC PROD. UNIT NO.
PLUGGING DATE 09/19/17

Well Name/No. BLAIR #1

Location C 1/4 NW 1/4 SW 1/4 1/4 | Sec 14 | Twp 17N | Rge 7W

330 Ft FSL of 1/4 Sec 2,200 Ft FWL of 1/4 Sec | County KINGFISHER

Total Depth | Base of Treatable Water | Well Classification Gas

Locate Well on Grid

OPERATOR

Name FULLSPIKE ENERGY, LLC | OTC/OCC No. 23833
Address 1861 BROWN BLVD, #631 | Phone 940-452-8284
City ARLINGTON | State TX | Zip 76006

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8"	624'	0	Surface
			I.C.
			I.C.
5 1/2"	8,799'	0	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From 7186 To 7226
Set 2- From 7958 To 7968
Set 3- From 7430 To 7876
Set 3- From 8412 To 8592

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	PTA	5 1/2 + 8 5/8	784	220	52	Surface	
2	CIBP	5 1/2	6700	4			
3							
4							
5							

REMARKS

Set CIBP @ 6700 dumped 4 SKS CMT on Top
TBG was stuck @ 6763 shot off and plugged

Reason for Plugging NOT ECONOMICALLY FEASIBLE TO PRODUCE PTA

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 9/19/17 | Name and Title Typed or Printed TRAVIS POLLY / SUPERVISOR

Company Name O-Tex Pumping | Permit No. 853
Address 37044 East County Road 1690 | Phone 580-665-1957
City Wynnewood | State Ok | Zip 73098

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 9/21/17 | Name and Title Typed or Printed BILLY MARCUM, PARTNER

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 Dylan Bearman