SEP 25 2017

OKLAHOMA CORPORATION COMMISSION
TO SEND THIS FORM TO THE OCC, PLEASE USE THE APPROPRIATE DISTRICT OFFICE ADDRESS (ON THE BACK OF THIS FORM)

Form 1003/1003C
Rev. 2017

PLUGGING RECORD

OAC 165:10-11-7
(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

TYPE OR USE BLACK INK

API NO. 35-037-10324
OTC PROD. UNIT NO. 037-103685
PLUGGING DATE 8-8-17

Well Name/No. Whetstone #18
Location 1/4 SE 1/4 SW 1/4 NW 1/4 Sec 20 Twp 17N Rge 12E
330 Ft FSL of 1/4 Sec 990 Ft FWL of 1/4 Sec County Creek
Total Depth 1,525' Base of Treatable Water 120' Well Classification Oil

Locate Well on Grid

OPERATOR

Name Resource Operations, Inc. (C/O Gray Horse Oper) OTC/OCC No. 18214
Address 20 E. 5th St, Suite 320 Phone 918-382-9201
City Tulsa State OK Zip Code 74103 Email Addr. gjohnson@grayhorse.net

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8"	230'	None	Surface
			I.C.
			I.C.
5½	1525'	None	P.C
			Lnr.

PERFORATION DEPTHS

Set 1 - From 1,389' To 1,399'
Set 2- From 1,410' To 1,475'
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	Cement	5½	1400'	25	40	1100	
2	Cement	5½	330'	40	47	Surface	
3							
4							
5							

REMARKS

This well had been squeezed - Could not pump around 5½" Perforated @ 330'

Reason for Plugging Depleted

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 Jim W Genzer Date 9-21-17 Name and Title Typed or Printed Jim W Genzer Pres.
Company Name Universal Well Service Permit No. 357
Address Box 1252 Phone 918 630-0326
City Sapulpa State Okla. Zip 74067

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 [signature] Date 10/2/17 Name and Title Typed or Printed Gary A. Johnson, Owner's Rep

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.