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

TYPE OR USE BLACK INK

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO. 35-037-10325
OTC PROD. UNIT NO. 037-036B5
PLUGGING DATE 8-7-17

Well Name/No. Wietstone #1A

Location 1/4 NE 1/4 SW 1/4 NW 1/4 Sec 20 Twp 17N Rge 12E

880 Ft FSL of 1/4 Sec 880 Ft FWL of 1/4 Sec County Creek

Total Depth 1,516' Base of Treatable Water 110' Well Classification OIL

Locate Well on Grid

OPERATOR

Name Resource Operations Inc. (C/O GrayHorse) 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)	
10"	27	NONE	Conductor
8"	239'8"	NONE	Surface
			I.C.
			I.C.
4½"	1484'7"	NONE	P.C
			Lnr.

PERFORATION DEPTHS

Set 1 - From 1,342' To 1,347'
Set 2- From 1,453' To 1,456'
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	4½	1175'	20	31	1175	
2	Cement	8"	338'	100	118	Surface	
3							
4							
5							

REMARKS

Perforated @ 338'.

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 Demzer Date 9-21-17 Name and Title Typed or Printed Jim W Demzer 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 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.