

1002A-YES
Completed 3.10.17

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

Form 1003/1003C
Rev. 2017

TYPE OR USE BLACK INK

API NO. 35-033-01720
OTC PROD. UNIT NC
PLUGGING DATE 08/28/18

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

Well Name/No. Simpson #3
Location 1/4 SE 1/4 NE 1/4 NW 1/4 Sec 28 Twp 3S Rge 11W
1440 Ft FSL of 1/4 Sec 2420 Ft FWL of 1/4 Sec County Cotton
Total Depth 1530' Base of Treatable Water 90' Well Classification Oil

OPERATOR Locate Well on Grid
Name Powell Oil, LLC OTC/OCC No. 23657
Address 12942 Cimmaron Rd. Phone 580-229-0626
City Healdton State OK Zip Code 73438 Email Addr. powelloil@hotmail.com

PIPE RECORD


Size	Run (ft)	Pulled (ft)	Conductor
10 3/4"	31'	None	Surface
			I.C.
			I.C.
7"	1507'	None	P.C.
			Lnr.


PERFORATION DEPTHS

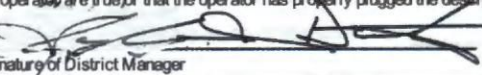
Set 1 -	From 1508'	To 1530'
Set 2 -	From	To
Set 3 -	From	To
Set 3 -	From	To

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	7"	140'	80 sks	18.8 bbls	Surface	Surface
2							
3							
4							
5							

REMARKS
Perf 7" csg @ 140'. Tie onto 7" csg & circulate cement to surface w/ 80 sks Class "C" cement.
Reason for Plugging

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 8/31/18 Name and Title Typed or Printed Jason Orr - Plugging Agent
Company Name Orr Enterprises, Inc. Permit No. 825
Address P.O. Box 1706 Phone 580-251-9618
City Duncan State OK Zip 73534-1706

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 8/31/18 Name and Title Typed or Printed Carey Powell - Operator

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 Michael Rightmire

RECEIVED

SEP 17 2018

OKLAHOMA CORPORATION COMMISSION
DUNCAN OFFICE