

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

API NO.	35-007-21743-01
OTC PROD. UNIT NO	007-59372
PLUGGING DATE	10/02/18

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

RECEIVED	
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE	

Well Name/No.		Watson #1	
Location	C 1/4 N/2 1/4 NW 1/4 SW 1/4	Sec	22
		Twp	6N
		Rge	26ECM
2310	Ft FSL of 1/4 Sec	660	Ft FWL of 1/4 Sec
County		Beaver	
Total Depth	3273'	Base of Treatable Water	250'
Well Classification		Gas	

Locate Well on Grid

OPERATOR		OTC/OCC No.	04536
Name		Bettis, Boyle & Stovall Inc	
Address		P.O. Box 1240	
City	Graham	State	TX
Zip Code	76450	Email Addr.	jwbradshaw@sbcglobal.net
Phone		940-549-0780	

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	8 5/8"	804'		Surface
				I.C.
				I.C.
	4 1/2"	3308'	2035'	P.C
				Lnr.

PERFORATION DEPTHS		
Set 1 - From	2614'	To 72'
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	CEM	8 5/8" + 7 7/8"	855'	65	76.7		656'
2	CEM	8 5/8"	34'	10	11.8	4'	VIS
3							
4							
5							

REMARKS

CIBP previously set by Operator @ 2564' w/ 2 sks cmt on top

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	Name and Title Typed or Printed
<i>Kirby Lillard</i>	10/2/18	Kirby Lillard / Pres.
Company Name	Sargent & Lillard Casing Pulling, Inc	
Permit No.	803	
Address	P.O. Box 1450	
Phone	580-254-1881	
City	Woodward	State OK
Zip	73802	

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	Name and Title Typed or Printed
<i>Kyle Berens</i>	11/05/18	KYLE BERENS REGULATORY ANALYST

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
<i>Bruce</i>	<i>Jerome Wash</i>