

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. 2018

TYPE OR USE BLACK INK

API NO. 35-007-21547
OTC PROD UNIT NO 007-01640
PLUGGING DATE 11/08/18

PLUGGING RECORD

OAC 165-10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)



Well Name/No. Moreau Gas Unit #3-19
Location 1/4 1/4 C 1/4 NW 1/4 Sec 19 Twp 5N Rge 24ECM
1320 Ft FSL of 1/4 Sec 1320 Ft FWL of 1/4 Sec County Beaver
Total Depth 6754 Base of Treatable Water 100 Well Classification Gas

OPERATOR

Name Stone Oak Operating, LLC OTC/OCC No. 24011
Address 10900 Hefner Pointe Dr., Ste 202 Phone (405) 286-0937
City Oklahoma City State OK Zip Code 73120 Email Addr. lee@stoneoakenergy.com

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	1594'	4'	Surface I.C. I.C.
4 1/2"	6753'	2500'	P.C. Lnr.

PERFORATION DEPTHS

Set 1 - From	6404	To	6428
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	CIBP+10sx	4 1/2"	6300'	10	11.8	6210'	
2	Cmt	4 1/2" & 7 7/8"	2550'	50	59.0		2378'
3	Cmt	7 7/8" & 8 5/8"	1694'	75	88.5		1439'
4	Cmt	8 5/8"	150'	50	59.0	Surface	Surface
5							

REMARKS

Reason for Plugging Depleted Production

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 *Mark Mendez* Date 11-13-18 Name and Title Typed or Printed Mark Mendez, Mgr.
Company Name Sure Energy Service, LLC Permit No 892
Address PO Box 310 Phone 806-202-4544
City Booker State TX Zip 79005

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 *Robert P. Elliott* Date 11/13/18 Name and Title Typed or Printed Robert P. Elliott VP-Operations

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 *Brad De* Field Inspector *Jeromy Webb*