

TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

1002A-yes
Completed - 4-26-2000
Form 1003/1003C
Rev. 2016

RECEIVED

API NO 35-033-21075
OTC PROD. UNIT NO
033112721
PLUGGING DATE 08/09/18

PLUGGING RECORD
OAC 165:10-11-7

SEP 26 2018

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

OKLAHOMA CORPORATION COMMISSION
DUNCAN OFFICE

Well Name/No. Wethketbitty #1 - 30
Location NE 1/4 NE 1/4 NE 1/4 1/4 Sec 80 Twp 15 Rge 9W
2475 Ft FSL of 1/4 Sec 2975' Ft FWL of 1/4 Sec County Cotton
Total Depth 2254' Base of Treatable Water 100' Well Classification GAS

OPERATOR Indian No. 14 20 206 64584
Name Dehart # 11992
Address P.O. Box 94 (914)
City Ardenmore State Oklahoma

Locate Well on Grid
OTC/OCC No. 033112721 / # 11992
Phone 580-223-7792
Zip 73402

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	<u>8 5/8</u>	<u>150'</u>	<u>0</u>	Surface
	<u>5 1/2</u>	<u>2254'</u>	<u>0</u>	I.C.
				I.C.
				P.C.
				Lnr.

PERFORATION DEPTHS		
Set 1 -	From <u>2186'</u>	To <u>2188</u>
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	CMT	5.5	2136	35	43.75	1809	1878
2	CMT	5.5	225	60	75	3	Surface 4-
3							
4	<u>CIBP</u>	<u>5.5</u>	<u>2136'</u>				
5							

REMARKS
Reason for Plugging None Profitable

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 [Signature] Date 8/9/18 Name and Title Typed or Printed Tyler Rauschuber
Company Name Quasar Energy Services Permit No. 869
Address 3288 FM 51 Phone 940 612-3336
City Gainesville State TX Zip 76240

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 [Signature] Date 9/2/18 Name and Title Typed or Printed Dehart PO owner

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 [Signature] Field Inspector Michael Rightmire