

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.	007-23973
OTC PROD. UNIT NO	007-97342
PLUGGING DATE	11/20/18

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

<p style="color: red; font-size: 2em; text-align: center;">RECEIVED</p> <p style="color: red; font-size: 1.5em; text-align: center;">DEC 10 2018</p> <p style="color: red; font-size: 0.8em; text-align: center;">OKLAHOMA CORPORATION COMMISSION KINGEISHER OFFICE</p>		

Well Name/No.		State 1-31 SWD	
Location	N/2 1/4 SW 1/4 SE 1/4 NE 1/4	Sec	31
		Twp	6N
		Rge	26ECM
560	Ft FSL of 1/4 Sec	1650	Ft FWL of 1/4 Sec
Total Depth	5900'	Base of Treatable Water	560'
County		Beaver	
Well Classification		Disp	

**OPERATOR**

Name	Cummings Oil Company	OTC/OCC No.	05481
Address	5400 N. Grand Blvd Suite 100	Phone	405-948-1818
City	Oklahoma City	State	OK
		Zip Code	73112
		Email Addr.	production@cummingsoil.com

**PIPE RECORD**

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	963'		Surface
			I.C.
			I.C.
4 1/2"	5906'	2430'	P.C.
			Lnr.

**PERFORATION DEPTHS**

Set 1 - From	5026'	To	66'
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	4 1/2"	4900'	5	5.9	4835'	
2	CEM	8 5/8 + 7 7/8"	1015'	65	76.7		845'
3	CEM	8 5/8"	34'	10	11.8	4'	VIS
4							
5							

**REMARKS**

RBP @ 4900' previously set by Operator

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	<i>Kirby Lillard</i>	Date	11/20/18	Name and Title Typed or Printed	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	<i>Brent Cummings</i>	Date	12/10/18	Name and Title Typed or Printed	Brent Cummings - Vice President
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**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	<i>Brentice</i>	Field Inspector	<i>Fermy Webb</i>
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