

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.	007-24238
OTC PROD. UNIT NO	007-98062
PLUGGING DATE	11/27/18

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

Well Name/No. Hybarb 2-33					
Location	SW 1/4 NE 1/4 SW 1/4 NE 1/4	Sec 33	Twp 6N	Rge 26ECM	
958	Ft FSL of 1/4 Sec 841	Ft FWL of 1/4 Sec	County Beaver		
Total Depth 3525'	Base of Treatable Water 375'		Well Classification Gas		

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

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	8 5/8"	469'		Surface
5 1/2"	3519'	2515'	I.C.	
			I.C.	
			P.C.	
			Lnr.	

PERFORATION DEPTHS		
Set 1 - From	3316'	To 18'
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+CEM	5 1/2"	3255'	2	2.36	3245'	
2	CEM	8 5/8 + 7 7/8"	520'	65	76.7		320'
3	CEM	8 5/8"	34'	10	11.8	4'	VIS
4							
5							

REMARKS

RECEIVED

DEC 10 2018

OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

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 11-27/18	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 12/11/18	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>Burtice</i>	Field Inspector <i>Jerome West</i>
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