TYPE OR	USE BLACK IN	IK		OKLAHOMA CORPORATION COMMISSION TO SEND THIS FORM TO THE OCC, PLEASE USE THE APPROPRIATE DISTRICT					Form 1003/1003C Rev. 2017		
API NO.	API NO. 35-017-22141			OFFICE ADDRESS (ON THE BACK OF THIS							
OTC PRO		017-07343	8	PLUGGING RECORD							
PLUGGING DATE 11/16/18				OAC 165:10-11-7 (PLEASE SEE INSTRUCTIONS ON BACK PAGE)							
Well Nam	e/No.	11/10/10		Adams Par	dv #7_2		$\neg$ $\sqcup$				
Location a	DE NIA	ee ev	. 11111		·	N 7\N					
	SE <sub>1/4</sub> NW <sub>1/4</sub>	SE 1/4 SV	1/4	Sec 7	Twp 121	N Rge 7W					
793 Total Depth	FtFSL of 1/4	Sec 175 Base of Treatab	Ft.F le Water	WL of 1/4 Sec 330'	County Well Classification	Canadian Gas		Χ.			
OPERAT	OR							Locate We	ill on Grid		
Name			J	lones Energ	y LTD		OTC/OCC	No.	2104	30	
Address		8	07 Las	as Cimas Parkway, Suite 350				ne 512-328-2953			
City Austin State			State	17in (Empil			bramirez@jor	nirez@jonesenergy.com			
PIPE REC	ORD [	Size	<del>-</del>	Run (ft)		led (ft)	PE	REFORATION	N DEPTHS	3	
					1	Conductor		0050		00041	
		8 5/8"	817'		None	Surface	Set 1- From 9056' To 9094'			9094'	
	****	******	********			i.C.		9582	o' To	10,462'	
						I.C.	Set 2- From	n	10		
		4 4 /0"		11 200!	None	P.C	Set 3- From	n 10,81	6' <sub>To</sub>	10,927'	
		4 1/2"		11,208'	None	Lnr.					
	L						Set 3- From		То		
Plug	Type of Plug	Hole S Pipe :		Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Meas	sured Top		
1	CICR			6982'	200 sks	47 bbls	6832'				
2	Cement 4 1/2		/2"	867'	325 sks	76.4 bbls Surface		Surface			
3	***************************************										
4							************			*********	
5		<del></del>		·							
REMARI	re										
		' & set CR @	6982'. So	ueeze w/ 200 s	sks Class "C" ce	ement & cap w/ 10	sks up to 6832'. Test	4 1/2" csa t	o 500 psi	. Test good.	
				***************************************		to surface w/ 325					
Reason fo	or Plugging			17 1/2 009 (8)		10 3011000 W 020					
7.00	-	TION									
	TER CERTIFICA nat the cement plu		ed in this w	rell as shown on t	his report, per O	CC instructions. Th	ne cementing was perfo	rmed by me o	or under m	у	
**********	A A A A A A A A A A A A A A A A A A A	that all econes	ting data i	s true, correct an							
Signature		(		Date 11/29/		le Typed or Printed	on Orr - Plugging	Agent			
Company	y Name				3		on on -riagging	Permit No.		825	
Address	()			************	nterprises, Ir		***************	Phone		******	
City					30x 1706	State		Zip		251-9618	
200.00			Dunc	can		OK OK			73534	1706	
I declare herein, ar Signature	nd that data and fa	Corporation Coracts presented	ere ture, co	rule, that I am autionect, and comple	te to the best of m	nis certification, that ny knowledge. This le Typed or Printed BRMCH	I have knowledge of the covers all well data and Regu	well data and information pr	information resented he	presented erein.	
By signin	g this form, the D	District Manage	er has appr			m only. Said Distri	ct Manager does not wa	arrant the fact	s provided	by	
the opera	of or are true or the	at the operator	has proper	rly plugged the de	scribed well.	12 111					
Signatur	en Co	2000			Field Ins	Ballke.	m II	115	-		
Signature	e of District Mana	aya			rieiu iris	poolo	111	11 10 10	1 1 1500	- 17 Th CV	

RECEIVED

Signature of District Manager

DEC 07 2018

OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

DEC 3 2018