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

PLUGGING RECORD

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

RECEIVED
DEC 10 2018
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

Locate Well on Grid

API NO.	017-22241
OTC PROD. UNIT NO	
PLUGGING DATE	11-29-18
Well Name/No.	COLLETT #2 -21
Location	1/4 C 1/4 SW 1/4 SW 1/4 Sec 21 Twp 14N Rge 5W
	Ft FSL of 1/4 Sec Ft FWL of 1/4 Sec County CANADIAN
Total Depth	8170
Base of Treatable Water	500'
Well Classification	Oil

OPERATOR

Name	Tulsa Energy Partners LLC
OTC/OCC No.	22010
Address	20 E 5th Ste 1203
Phone	918-585-1437
City	Tulsa
State	OK
Zip Code	74103-4446
Email Addr.	

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8	1016'	0	Surface
			I.C.
			I.C.
4 1/2	8169'	1068'	P.C
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	7038'	To	7108'
Set 2-	From	7422'	To	7564'
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 1/2-2 3/8	7108	35	41.3	6800	6850
2	CEM	7 7/8-8 5/8	1068	90	106.2	768	850
3	CEM	8 5/8	34	10	11.8	4	
4							
5							

REMARKS

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	Date	Name and Title Typed or Printed	
RW Steen	11-29-18	RW Steen	Manager
Company Name	Excel Cementing Services, LLC	Permit No.	886
Address	P.O. Box 160	Phone	580-227-3701
City	Cleo Springs	State	Oklahoma
		Zip	73729

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 ture, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature	Date	Name and Title Typed or Printed
Richard D. Gibson FR	12/7/18	Richard D. Gibson FR, Manager

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	Field Inspector
	Bob Ballew