

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

Form 1003/1003C
Rev. 2011

API NO. 017-23569	
OTC PROD. UNIT NO. 017-105741	
PLUGGING DATE 11-20-18	
Well Name/No. DANNEHL 1-31	
Location SE 1/4 NE 1/4 1/4 1/4	Sec 31 Twp 11N Rge 6W
665 Ft FSL of 1/4 Sec 1980 Ft FWL of 1/4 Sec	County CANADIAN
Total Depth 10620 Base of Treatable Water 650	Well Classification GAS

OPERATOR Name Western Oil and Gas Development Corp.		OTC/OCC No. 14635
Address 420 N.W. 13th Street		Phone (405) 235-4590
City Oklahoma City	State Oklahoma	Zip 73103

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	9 5/8"	1020	- 0 -	Surface
	5 1/2"	10620	1128	I.C.
				I.C.
				P.C.
				Lnr.

PERFORATION DEPTHS		
Set 1 -	From 9190	To 9200
Set 2 -	From 9838	To 9992
Set 3 -	From 10210	To 10332
Set 4 -	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	5 1/2	9,140'	2	2.36	9130'	
2	CMT	9 5/8	1,071'	110	129.8		911'
3	CMT	9 5/8	34'	30	35.4	4'	
4							
5							

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REMARKS

JAN 02 2019

Reason for Plugging **NON Commercial**

OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per O.C.C. instructions. The cementing was performed by me or under my direct supervision. I certify all cementing data is true, correct and complete.

Signature Lance E. Berry	Date 11/20/18	Name and Title Typed or Printed Lance E. Berry, Mgr.
Company Name Acidizing & Cementing Services	Permit No. 575	
Address P.O. Box 751	Phone (405) 969-3093	
City Crescent	State OK	Zip 73028

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 12/18/18	Name and Title Typed or Printed Danny Street Supervisor
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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 [Signature]	Field Inspector Bob Balkorn
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