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

PLUGGING RECORD
OAC 165:10-11-7

Form 1003/1003C
Rev. 2011

API NO. 017-23080
OTC PROD. UNIT NO. 017-91568
PLUGGING DATE 11/29/2018

Well Name/No. JONAS 1-31

Location SW 1/4 NE 1/4 SW 1/4 1/4 | Sec 31 | Twp 11N | Rge 6W

1360 Ft FSL of 1/4 Sec | 1900 Ft FWL of 1/4 Sec | County CANADIAN

Total Depth 10253 | Base of Treatable Water 700 | Well Classification Gas

Locate Well on Grid

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
8 5/8	1051	-0-	Surface
4 1/2	10253	127'	I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1- From 9031 To 9048
Set 2- From 9241 To 9250
Set 3- From 10054 To 10088
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	4 1/2	9,980	2	2.36	9,970'	
2	CIBP	4 1/2	8970	2	2.36	8960'	
3	CMT	8 5/8 4 1/2	1,100	430	507.4		41'
4	CMT	8 5/8 4 1/2	41	20		-0-	-0-
5							

REMARKS

RECEIVED
JAN 02 2019
OKLAHOMA CORPORATION COMMISSION
COURIER OFFICE

Reason for Plugging NON@ Commercial

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 | Date 11/28/18 | 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 ture, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature | Date 12/18/18 | Name and Title Typed or Printed Danny Street Supervisor

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 Ballhorn