

TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

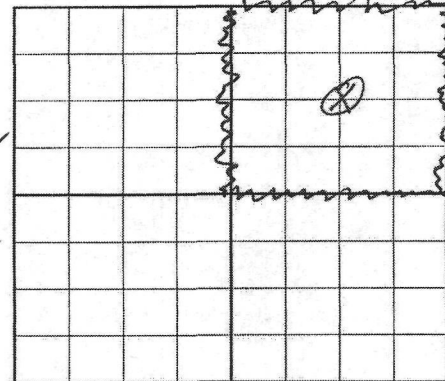
OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

Form 1003/1003C
Rev. 2011

073-24734

API NO. ~~24734~~
OTC PROD. UNIT NO.
PLUGGING DATE 2/28/12

PLUGGING RECORD
OAC 165:10-11-7



Well Name/No. *Washington #1-25*
Location 1/4 1/4 1/4 1/4 *C-NE* Sec *25* Twp *16N* Rge *6W*
Total Depth *1320* Ft FSL of 1/4 Sec *1320* Ft FWL of 1/4 Sec County *Kingfisher*
Base of Treatable Water Well Classification *Dry*

Locate Well on Grid

OPERATOR
Name *Superior Oil and Gas Co.* OTC/OCC No. *21997-0*
Address *844 S. Malbaum Rd.* Phone *(405) 884-2080*
City *Calumet, OK* 73014 State *OK* Zip *73014*

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
16"	70'	70'	Conductor
			Surface
			I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	To
Set 2 -	From	To
Set 3 -	From	To
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	<i>Cement</i>	<i>16"</i>	<i>70'</i>				
2							
3							
4							
5							

RECEIVED

REMARKS
Plugged under rotary
APR 17 2012
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 _____ Date *2/17/12* Name and Title Typed or Printed *DANIEL H. LLOYD, JR., PRES.*
Company Name *Superior Oil and Gas Co.* Permit No. _____
Address *844 S. Malbaum Rd.* Phone _____
City *Calumet* State *OK* Zip *73099*

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 *Will M.* Date *2-17-12* Name and Title Typed or Printed *President Superior Oil & Gas Co.*

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 *W. Hendricks*