1002A- Y&S
Completed 5.20.91

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

PLUGGING RECORD
OAC 165:10-11-7

API NO.	141-20316
OTC PROD. UNIT NO.	
PLUGGING DATE	9-11-13

Well Name/No.	Stewart-Wellfare / 1		
Location	SW1/4 SE1/4 NW1/4 SW1/4	Sec 4	Twp 5S Rge 14W
1635 Ft FSL of 1/4 Sec	862 Ft FWL of 1/4 Sec	County	Tillman
Total Depth 1754	Base of Treatable Water 250	Well Classification	OIL

Locate Well on Grid

OPERATOR

Name	Helton Oil Company	OTC/OCC No.	15136
Address	PO Box 7283	Phone	(405) 615 5500
City	Edmond	State OK	Zip 73083

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
~~8.625~~			Conductor
8,625	60		Surface
			I.C.
			I.C.
4.5	1744		P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	1691	To	93
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	Cement	4 1/2"	980'	30	39.6	880'	
2	Cement	4 1/2"	240'	75	99	3'	
3	CIBC	4 1/2"	1496'	2	1	0	1503
4							
5							

RECEIVED
OKLAHOMA CORPORATION COMMISSION
NOV 06 2013
DISTRICT III
DUNCAN

REMARKS

NON PRODUCTIVE

Reason for Plugging

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	Kaylee Robey	Date 9-11-13	Name and Title Typed or Printed Kaylee Robey, Representative
Company Name	Basic Energy Services		Permit No. 849
Address	PO Box 712		Phone 940-445-3898
City	Electra	State TX	Zip 76360

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 John R. Helton	Date 11-5-13	Name and Title Typed or Printed JOHN R. HELTON, OWNER

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

R. D. Ramsey
Field Inspector

INSTRUCTIONS