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

RECEIVED
AUG 25 2014
OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE

Form 1003/1003C
Rev. 2011

PLUGGING RECORD
OAC 165:10-11-7

API NO. 35-047-24396
OTC PROD. UNIT NO.
PLUGGING DATE 6-26-14

Well Name/No. Windy Vista 1-22

Location NE 1/4 NE 1/4 ___ 1/4 ___ 1/4 | Sec 22 | Twp 24N | Rge 5W

1980 Ft FSL of 1/4 Sec | 1980 Ft FWL of 1/4 Sec | County Garfield

Total Depth 6551 | Base of Treatable Water 270 | Well Classification oil

Locate Well on Grid

OPERATOR

Name: Superior Oil & Gas Corp. | OTC/OCC No. 21997

Address: 844 S. Walbaum Rd. | Phone (405) 884 2080

City: Calumet | State: OK | Zip: 73014

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8	340	-0-	Surface
			I.C.
			I.C.
5½	6541	3635	P.C.
			Liner

PERFORATION DEPTHS

Set 1 - From 5710 To 5814
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	CMT	5½	5580	35	41.30	5280	
2	CMT	8 5/8	390	120	141.60		4
3							
4							
5							

REMARKS

Dug out surface, cut off, cap & ID. Dug up anchors

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: Kenneth Kivett | Date: 6-26-14 | Name and Title Typed or Printed: Kenneth Kivett, President

Company Name: Kivett Plugging & Pipe Pulling, Inc. | Permit No. 738

Address: P.O. Box 577 | Phone 580 363 3036

City: Blackwell | State: OK | Zip 74631

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: Dan Lloyd | Date: 8-19-14 | Name and Title Typed or Printed: Dan Lloyd, President

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: Brad Ice | Field Inspector: Brad Ice