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. 2016

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO. 3513324569
OTC PROD. UNIT NO. 133-118273
PLUGGING DATE 7-8-16

Well Name/No. Waller #1

Location 1/4 C 1/4 NW 1/4 NE 1/4 SE | Sec 36 | Twp 9N | Rge 5E

2310 Ft FSL of 1/4 Sec | 1650 Ft FWL of 1/4 Sec | County Seminole

Total Depth 4608 | Base of Treatable Water 1060 | Well Classification OIL

Locate Well on Grid

OPERATOR

Name Klabzuba Royalty Co | OTC/OCC No. 16274-0
Address P.O. BOX 567 | Phone 405-567-3031
City PRAGUE | State OK | Zip 74864

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8.625	1152		Surface
			I.C.
			I.C.
5.50	4607	1820	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From 4148 To 4162
Set 2- From To
Set 3- From To
Set 3- 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	8 5/8	60 Ft	30	35.4		Surface
2	Cement	8 5/8	1152	50	59		1015
3	Cement	7 7/8	1222	60	70.8	1152	
4	CIBP	5.50	4092	2		4072	
5							

REMARKS

Reason for Plugging NONPRODUCTIVE

CEMENTER CERTIFICATION

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

Signature | Date 7-8-16 | Name and Title Typed or Printed Robert Retherford Supervisor

Company Name Consolidated Oil Well Services | Permit No. 652
Address P.O. Box 967 | Phone 918-225-3040
City Cushing | State Oklahoma | Zip 74023

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 7-14-16 | Name and Title Typed or Printed JOHN S. KLABZUBA GEOLOGIST

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 Dennis Langdon