1002A-YES 2W
Completed 1.22.49

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. 35-033-01470
OTC PROD. UNIT NO 033-13081
PLUGGING DATE 8.5.2016

Well Name/No. ORTH #7

Location 1/4 1/4 NE1/4 SW1/4 NE Sec 17 Twp 35 Rge 11W

Ft FSL of 1/4 Sec Ft FWL of 1/4 Sec County Cotton

Total Depth 1603 Base of Treatable Water 50' Well Classification

Locate Well on Grid

OPERATOR

Name Kuran Resources OTC/OCC No. 22503
Address P.O. Box 45 Phone
City Burkburnett State Tx Zip

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
			Surface
			I.C.
			I.C.
			P.C
			Lnr.

PERFORATION DEPTHS

Set 1 - From To
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	7"	1590'	40	52.8	1335'	
2	Cement	7"	120'	80	105.6	0'	
3							
4							
5							

RECEIVED
OCT 12 2016
OKLAHOMA CORPORATION COMMISSION
DUNCAN OFFICE

REMARKS

Perf + SQZ @ 120'

Reason for Plugging

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 Kaylee Robery Date 8/5/16 Name and Title Typed or Printed Kaylee Robey, Representative
Company Name Falcon Pump Services Permit No. 900
Address PO Box 32 Phone 940-733-62207
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 Kurt Elliott Date 10/12/16 Name and Title Typed or Printed Kurt Elliott operator

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 Carl Saulgier Field Inspector