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
JAN 18 2017
OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE

Form 1003/1003C
Rev. 2016

PLUGGING RECORD
OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO. 017 20831
OTC PROD. UNIT NO. 017-053796
PLUGGING DATE 1-10-2017

Well Name/No. Griffin 2-28

Location NE 1/4 NW 1/4 1/4 1/4 | Sec 28 | Twp 13N | Rge 6W

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

Total Depth 9203 | Base of Treatable Water 300' | Well Classification Oil + Gas

Locate Well on Grid

OPERATOR

Name Well co Energy, Inc | OTC/OCC No. 18064
Address PO Box 14430 | Phone 405-454-0555
City OKC | State OK | Zip 73113

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
16"	60	None	Conductor
8 5/8"	637	None	Surface
			I.C.
			I.C.
4 1/2"	9203	None	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From 8931 To 8874
Set 2- From 8737 To 8660
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	690'	200	42 bbl	0	Surf
2	CIBP + CEM	4 1/2	2600	2	20 gals	2580	—
3							
4							
5							

REMARKS

Cut off casing at 4' and welded on steel ID plate.

Reason for Plugging Uneconomical to repair

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 1-3-17 | Name and Title Typed or Printed William Spaulding

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 1/12/17 | Name and Title Typed or Printed Stan DeLong - Pres.

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

Wayne Hendricks
Field Inspector