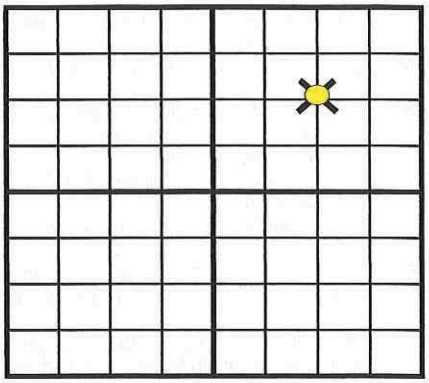
TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

RECEIVED
JAN 27 2017
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

Form 1003/1003C
Rev. 2011

PLUGGING RECORD
OAC 165:10-11-7



API NO.	017-22267
OTC PROD. UNIT NO.	017-19093
PLUGGING DATE	December 23, 2016

Well Name/No.	WARD #1-28		
Location	C-NE	Sec 28	Twp 14N Rge 10W
	1320 Ft FSL of 1/4 Sec	1320 Ft FWL of 1/4 Sec	County CANADIAN
Total Depth	13511'	Base of Treatable Water 250'	Well Classification GAS

OPERATOR

Name: GULF EXPLORATION, LLC.		OTC/OCC No. 20983-0
Address: 9701 N. BROADWAY EXTENSION		Phone 405-840-3371
City: OKLAHOMA CITY	State: OK	Zip 73114

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
13 3/8"	1626'	0'	Surface
			I.C.
9 5/8"	6025'	0'	I.C.
			P.C.
7 5/8" 4 1/2"	9495'-10770' 10425'-10475'	0' 0'	Lnr.

PERFORATION DEPTHS

Set 1 -	From	9310'	To	9495'
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	CIBP	9 5/8"	9250'	3sx	10'	9240'	9240'
2	CEM	9 5/8" 13 3/8"	2100'	225sx	300'	1800'	1800'
3	CEM	9 5/8" 13 3/8"	1700'	225sx	300'	1400'	1486'
4	CEM	9 5/8" 13 3/8"	200'	140sx	200'	4'	4'
5							

REMARKS

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: Butch Dunkin	Date: 12/23/16	Name and Title Typed or Printed: BUTCH DUNKIN, PRESIDENT

Company Name: QUALITY COMPLETIONS OF ARKANSAS, LLC d/b/a DOSCO, LLC.		Permit No. 881
Address: PO BOX 698		Phone 405-853-7170
City: HENNESSEY	State: OK	Zip 73742

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: Pat McGraw	Date: 1/23/17	Name and Title Typed or Printed: PAT McGRAW, OPERATIONS MANAGER

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 Tee — Field Inspector: MR. WAYNE HENDRICKS DISTRICT II

INSTRUCTIONS