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.	037-00928
OTC PROD. UNIT NO	
PLUGGING DATE	11/29/16

Well Name/No.	Jack #3			
Location	NE 1/4 NE 1/4 NE 1/4 1/4	Sec 21	Twp 16N	Rge 8E
2310 Ft FSL of 1/4 Sec	2160 Ft FWL of 1/4 Sec		County	Creek
Total Depth 3217	Base of Treatable Water 590		Well Classification	swd

Locate Well on Grid

OPERATOR

Name	Krumme Oil Co.	OTC/OCC No.	01235
Address	P O Box 749	Phone	918 367 5562
City Bristow	State OK	Zip	74010

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
10 3/4	152	0	Surface
			I.C.
			I.C.
4 1/2	3217	1086	P.C
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	3178	To	3203
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	CMT	4 1/2	3203	25	29.50	2903	
2	CMT	10 3/4	690	340	401.20		4
3							
4							
5							

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OKLAHOMA CORPORATION COMMISSION
BRISTOW OFFICE

REMARKS

Cut off, cap & ID. Back fill.

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 Kenneth Kivett	Date	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 580 763 7748
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	Date 12/27/16	Name and Title Typed or Printed Wilburn Detjen – Superintendent

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 R. Peachmon