1002A - YES
Completed 12.4.88 JW

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
PLUGGING RECORD

OAC 165:10-11-7

Form 1003/1003C
(Rev. 2001)

API NO.	087-21458
OTC PROD.UNIT NO.	087-92029-3123
PLUGGING DATE	12/27/2016
Well Name/No.	SWAOSU #10
Location:	NW 1/4 NE 1/4 SE 1/4 1/4 Sec 24 Twp 7N Rge 2W
	2310 Ft. FSL of 1/4 Sec 1745 Ft. FWL of 1/4 Sec County MCCLAIN
Total Depth	6927'
Base of Treatable Water	965'
Well Classification	OIL

Locate Well on Grid

OPERATOR

Name: FINLEY RESOURCES INC		OTC/OCC No. 20799
Address: 1308 LAKE STREET		Phone (817)336-1924
City: FORT WORTH	State: TX	Zip 76102

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8"	1052'	0	Surface
			I.C.
			I.C.
4 1/2"	6917'	1145'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From 6878	To 6883
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	CEMENT	4 1/2"	6550'	25	250'	6300'	6270'
2	CEMENT	8 5/8"	1145'	90	275'	870'	860'
3	CEMENT	8 5/8"	54'	17	50'	4'	4'
4							
5							

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REMARKS
Ran tbg to 6550', circ. hole w/75 bbls mud. Spot 25 sxs 6550-6300'. POOH. Tag plug @6270. Cut 4½" csg @1145' plug csg. ran tbg to 1145' pump 90 sxs 1145-820' POOH. Tag plug @860'. pump 17 sxs 54-4. cut off wellhead, weld on plate.

Reason for Plugging:
NON COMMERCIAL

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: Carl Humphries	Date: 12/30/2016	Name and Title Typed or Printed: CARL HUMPHRIES - PRESIDENT
Company Name: CARL HUMPHRIES INC		Permit No. 744
Address: P.O. BOX 514		Phone (405)373-3678
City: PIEDMONT	State: OK	Zip 73078

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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 true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature: Josh Morgan	Date: 1/6/17	Name and Title Typed or Printed: Josh Morgan - Regulatory Analyst

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: JEFF PERKINS
Field Inspector

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