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. 2001)

PLUGGING RECORD
OAC 165:10-11-7

API NO.
OTC PROD. UNIT NO.
PLUGGING DATE 5-19-14
GPS Lat Deg Min Sec Long Deg Min Sec
Well Name/No. Huffman No. 7
Location
SE 1/4 NW 1/4 NE 1/4 NE 1/4 Sec 25 Twp 34N Rge 11E
Ft FSL of 1/4 Sec Ft FWL of 1/4 Sec County
Total Depth Base of Treatable Water Well Classification Dry

Locate Well on Grid

OPERATOR
Name Speedy Well Service
Address 402 W. Elm St.
City Sedan State Ks. Zip 67361
~~OTC/OCC No.~~ License # 32933
Phone ( )

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
7"	40'	0	Surface
			I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS
Set 1 - From To
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	CEM	6 1/4"	1240'	10	sk	12	cu.ft	1184'	
2	CEM	6 1/4"	1100	10	sk	12	cu.ft	1044'	
3	CEM	6 1/4"	750'	10	sk	12	cu.ft	684'	
4	CEM	6 1/4"	350'	84	sk	103	cu.ft	Surface	
5					sk		cu.ft		

REMARKS

Reason for Plugging

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 S Parrish Date 5-21-14 Name and Title Typed or Printed Stewart Parrish-Cementer
Company Name P & P Cementing, LLC Permit No. 827
Address P.O. Box 187 Phone 918-273-2226
City Nowata State Oklahoma Zip 74048

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 Date Name and Title Typed or Printed

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