

OKLAHOMA CORPORATION COMMISSION
TO SEND THIS FORM TO THE OCC, PLEASE
USE THE APPROPRIATE DISTRICT OFFICE
ADDRESS (ON THE BACK OF THIS FORM)

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

TYPE OR USE BLACK INK

API NO.	07120073
OTC PROD. UNIT NO	071-39754
PLUGGING DATE	11/08/17

Well Name/No. R.S. Lord #1					
Location	1/4 N2 1/4 SE 1/4 NW 1/4	Sec 29	Twp 29N	Rge 3E	
990	Ft FSL of 1/4 Sec 1980	Ft FWL of 1/4 Sec	County Kay		
Total Depth 3348	Base of Treatable Water 100'	Well Classification Gas			

Locate Well on Grid

OPERATOR Name Casey Musgrove Oil Co., Inc.				OTC/OCC No. 21423	
Address PO Box 391				Phone 580-762-6355	
City Ponca City	State OK	Zip Code 74602	Email Addr. oklahoma1962@yahoo.com		

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	NA			Surface
	8-5/8	154	0	I.C.
	4-1/2	3349	0	I.C.
				P.C.
				Lnr.

PERFORATION DEPTHS		
Set 1 - From	250	To 251
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	Cement	4-1/2	1157'	35	8.48 BBL	1050 ft	1050'
2	Cement	4-1/2	250'	198	47.96 BBL	0 ft	Curculated
3							
4							
5							

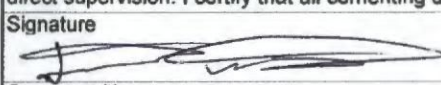
REMARKS

Plugged according to OCC instructions.

Reason for Plugging Casing parted at 1157'. Hole in bad shape

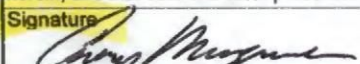
CEMENTER CERTIFICATION

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 9-17-18	Name and Title Typed or Printed Jacob W Storm / Service supervisor
Company Name QES Preshure Pumping	Permit No. 652	
Address 1005 N Oil Hill rd	Phone 316-322-7022	
City Eldorado	State KS	Zip 67042

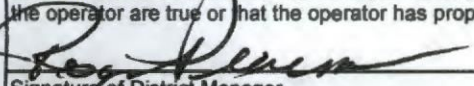

OPERATOR CERTIFICATION

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 9/25/18	Name and Title Typed or Printed Casey Musgrove Pres.
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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 
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