TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

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

Form 1003/1003C
(Rev. 1996)

PLUGGING RECORD
OAC 165:10-11-7

API NO.	081-23819
OTC PROD. UNIT NO.	081-116960
PLUGGING DATE	2-9-2017

Well Name/No. Sammie #1-20

Location			
S/2 1/4 NE 1/4 NE 1/4 NE 1/4	Sec 20	Twp 17N	Rge 2E
2110 Ft FSL of 1/4 Sec	2310 Ft FWL of 1/4 Sec	County Lincoln	
Total Depth 4,856'	Base of Treatable Water 480'	Well Classification Gas	

X

Locate Well on Grid

OPERATOR

Name	Mary's operating Mid-Continent. LLC.	OTC/OCC No.	23610
Address	PO. Box 729	Phone	(918) 583-0241
City	Tulsa	State Ok	Zip 74101-0241

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
20"	40'	none	Conductor
9 5/8"	575'	none	Surface
			I.C.
			I.C.
7"	4,854'	none	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From 4,693'	To 4,780'
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+Cem	7"	4643'	2	2.36	4630'	
2	Cement	7"/8 3/4"/9 5/8"	625'	135	159.30		335'
3	Cement	7"/9 5/8"	34'	25	29.50		04'
4							
5							

REMARKS

Displace casing w/ 185 bbls of mud. Set CIBP @ 4643' w/ 2 sks cement on plug. Perforated 7" casing 4 SPF from 625' to 26' Pump cement down 7" + up 9 5/8" + displace to 300'. Tagged TOC 335. w/ 135 sk pumped. Pumped 25 sks in 7" + 9 5/8" from 34 to 04' copped at 04'

Reason for Plugging Well no longer economical to produce

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	Date	Name and Title Typed or Printed
Kenneth Valliquette	2-9-2017	KENNETH VALLIQUETTE VICE PRESIDENT

Company Name	Genie Well Service		Permit No. 605
Address	PO. Box 600		Phone 405-969-2141
City	Crescent	State Ok	Zip 73028

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	Name and Title Typed or Printed
Carolyn Bennett	3/1/17	Carolyn Bennett, Engineer

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: [signature] Field Inspector: S. Longan

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