OKLAHOMA CORPORATION COMMISSION

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

Form 1003/1003C
Rev. 2017

TYPE OR USE BLACK INK

API NO.	037 10365
OTC PROD. UNIT NO	UNKNOWN
PLUGGING DATE	10/09/18

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No.	HALL #3				
Location	SE 1/4 NE 1/4 NE 1/4 1/4 Sec 26	Twp 18N	Rge 8E		
1650 Ft FSL of 1/4 Sec	2310 Ft FWL of 1/4 Sec	County	CREEK		
Total Depth 2630	Base of Treatable Water 700	Well Classification	OIL		

Locate Well on Grid

OPERATOR

Name	MID-ATLANTIC ENERGY LLC - State Funds	OTC/OCC No. 09999	UNKNOWN
Address	401 SOUTH BOSTON AVE	Phone	UNKNOWN
City TULSA	State OK	Zip Code	Email Addr. UNKNOWN

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
10 3/4"	80'	NONE	Surface
			I.C.
			I.C.
7"	2630	NONE	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From 2582	To 2590		
Set 2-	From 800	To 801		
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	7'	2400	325	1625GAL	2000'	2020'
2	CEMENT	7" & 10 3/4 '	800	75	375GAL	0'	csg68', annulus 16'
3	CEMENT	7" & 10 3/4 '	fill	40	200GAL	0'	0'
4	METAL PLATE	WELDED	-3			3 ' BELOW	SURFACE
5							

REMARKS

Run tbg TO 2400, pump 325sx cement, tag 2020, perf 4spf 800', circ cmt to surface, wireline csg 68', tbg 16', fill to surface with 200gal cmt

, cut off -3' below ground, weld ID plate, plate reads 'Hall #3 10-9-18', cover, clean location

Reason for Plugging: ORPHAN WELL - Located at Lat 36.01480278, Long-96.42420278, Complaint 18518OGDO10160

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 10/9/18	Name and Title Typed or Printed	JOHN M. DURKEE, PE/MGR
Company Name	DEGGE OILFIELD SERVICES. LLC	Permit No.	397
Address	P. O. BOX 269	Phone	918-623-1373
City OKEMAH	State OK	Zip	74859-0269

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 10/9/18	Name and Title Typed or Printed: JOHN M. DURKEE, PE

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: Roger Learma

Field Inspector: Eddie Sullivan