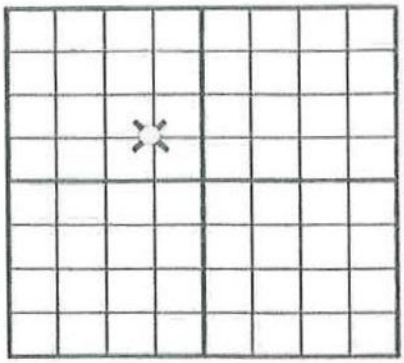
TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

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

Form 1003/1003C
Rev. 2011

PLUGGING RECORD
OAC 165:10-11-7

API NO.
35-007-36008
OTC PROD. UNIT NO.
N/A
PLUGGING DATE
November 9 2018



Well Name/No.
CARRIER #1
Location
C-SE-NW | Sec 34 | Twp 5N | Rge 27ECM
660 Ft FSL of 1/4 Sec | 1980 Ft FWL of 1/4 Sec | County BEAVER
Total Depth 6962' | Base of Treatable Water 830' | Well Classification GAS

OPERATOR
Name
FOUNDATION ENERGY MANAGEMENT, LLC.
OTC/OCC No. 22137
Address
5057 KELLER SPRINGS RD. SUITE 650
Phone
918-526-5595
City
ADDISON
State
TEXAS
Zip
75001

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8"	2770'	0'	Surface
			I.C.
			I.C.
4 1/2"	6825'	2820'	P.C.
			Liner

PERFORATION DEPTHS

Set 1 -	From	6715'	To	6770'
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	4 1/2"	6650'	2sx	20'	6630'	6630'
2	CEM	4 1/2" 7 7/8" 8 5/8"	2870'	100sx	300'	2570'	2549'
3	CEM	8 5/8"	930'	70sx	200'	730'	730'
4	CEM	8 5/8"	64'	20sx	60'	4'	4'
5							

REMARKS

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 11/09/18
Name and Title Typed or Printed BUTCH DUNKIN, PRESIDENT
Company Name
QUALITY COMPLETIONS OF ARKANSAS, LLC d/b/a DOSCO, LLC.
Permit No. 881
Address
PO BOX 698
Phone 405-853-7170
City
HENNESSEY
State OK
Zip 73742

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 11-14-2018
Name and Title Typed or Printed Bill Johnson, P&A 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
Field Inspector MR JEROMY WEBB DISTRICT II

RECEIVED
NOV 15 2018
OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE