

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

TYPE OR USE BLACK INK

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO.	007-25247-A
OTC PROD. UNIT NO	007-123031-0-00
PLUGGING DATE	10/16/18

RECEIVED	
NOV 08 2018	
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE	

Well Name/No.				Cole 1-35			
Location	1/4 C 1/4 SW 1/4 SW 1/4	Sec	35	Twp	4N	Rge	24ECM
660	Ft FSL of 1/4 Sec	660	Ft FWL of 1/4 Sec	County	Beaver		
Total Depth	8040'	Base of Treatable Water	390'	Well Classification	Gas		

Locate Well on Grid

OPERATOR				Name		Marlin Oil Corporation		OTC/OCC No.		05064	
Address				P.O. Box 14630		Phone		405-478-1900			
City		Oklahoma City		State		OK		Zip Code		73113	
Email Addr.		dlynn@marlinoil.co									

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	20"	40'		Surface
	8 5/8"	1507'		I.C.
				I.C.
	4 1/2"	8017'	2435'	P.C.
				Lnr.

PERFORATION DEPTHS			
Set 1 -	From	6342'	To 48'
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	CEM	8 5/8 + 7 7/8"	1560'	65	76.7		1365'
2	CEM	8 5/8"	440'	30	35.4	340'	
3	CEM	8 5/8"	34'	10	11.8	4'	VIS
4							
5							

REMARKS

CIBP previously set by Operator @ 6300' W/ 1 sk cmt on top

Reason for Plugging: *Depleted reservoir - uneconomical to operate*

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	<i>Kirby Lillard</i>	Date	10/16/18	Name and Title Typed or Printed	Kirby Lillard / Pres.
Company Name	Sargent & Lillard Casing Pulling, Inc			Permit No.	803
Address	P.O. Box 1450			Phone	580-254-1881
City	Woodward	State	OK	Zip	73802

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	<i>W.R. Lynn</i>	Date	11/5/18	Name and Title Typed or Printed	W.R. Lynn Engineer
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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	<i>Burdette</i>	Field Inspector	<i>Jerome Webb</i>
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