

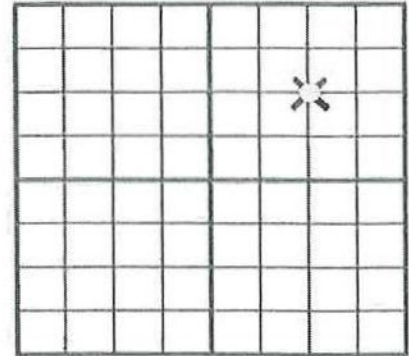
TYPE OR USE BLACK INK  
SEE REVERSE FOR INSTRUCTIONS

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

Form 1003/1003C  
Rev. 2011

API NO.  
35-007-21544  
OTC PROD. UNIT NO.  
35-007-107222  
PLUGGING DATE  
November 1, 2018

PLUGGING RECORD  
OAC 165:10-11-7



Well Name/No.  
BERENDS #16-140  
Location  
C-NE  
Sec 13 Twp 6N Rge 27ECM  
1320 Ft FSL of 1/4 Sec  
1320 Ft FWL of 1/4 Sec  
Total Depth 6500' Base of Treatable Water 210' County BEAVER Well Classification GAS

OPERATOR

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

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	847'	0'	Surface
4 1/2"	6496'	962'	I.C. I.C. P.C. Lnr.

PERFORATION DEPTHS

Set 1-	From 6164'	To 6170'
Set 2-	From 6196'	To 6208'
Set 3-	From 6344'	To 6374'
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"	6320'	2sx	20'	6300'	6300'
2	CIBP	4 1/2"	6100'	2sx	20'	6080'	6080'
3	CEM	7 7/8" 8 5/8"	947'	100sx	300'	647'	623'
4	CEM	8 5/8"	64'	20sx	60'	4'	4'

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 *Butch Dunkin* Date 11-1-18 Name and Title Typed or Printed BUTCH DUNKIN, PRESIDENT

Company Name QUALITY COMPLETIONS OF ARKANSAS, LLC d/b/a DOSCO, LLC.

Address PO BOX 698

City HENNESSEY

State OK

Permit No. 881  
Phone 405-853-7170  
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 true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature *Bill Johnson* Date 11-14-2018 Name and Title Typed or Printed Bill Johnson, P.E. 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 *Jerome Webb*

Field Inspector MR. JEROME WEBB DISTRICT II

RECEIVED

NOV 15 2018

OKLAHOMA CORPORATION COMMISSION  
KINGFISHER OFFICE