

1002A-yes
 Completed-4-17-2000
 Form 1003/1003C
 Rev. 2018

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

RECEIVED

TYPE OR USE BLACK INK

API NO. 35-033-21074
 OTC/PROD. UNIT NO.
 # 033112722
 PLUGGING DATE 08/07/18

PLUGGING RECORD
 OAC 165:10-11-7
 (PLEASE SEE INSTRUCTIONS ON BACK PAGE)

SEP 26 2018
 OKLAHOMA CORPORATION COMMISSION
 DUNCAN OFFICE

Well Name/No. Teneka # 1-19
 Location SE 1/4 SW 1/4 1/4 1/4 Sec 19 Twp 1S Rge 9W
165' Ft FSL of 1/4 Sec 165' Ft FSL of 1/4 Sec County Cotton
 Total Depth 2245' Base of Treatable Water 125' Well Classification GAS

OPERATOR

Name Dehart OTC/OCC No. 033112721 / 11992
 Address P.O. Box 914 Phone 580-223-7792
 City Aedmore State OK Zip Code 73402 Email Addr. donna@bieda.yahoo.com

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
<u>8 5/8</u>	<u>177'</u>	<u>0</u>	Surface
<u>5.5 (10#)</u>	<u>2245'</u>	<u>0</u>	I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From <u>2080'</u>	To <u>2094'</u>
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	CMT	5.5	2030	35	43.75	1703	1690
2	CMT	5.5	225	60	75	3	<u>SURFACE +/-</u>
3							
4	<u>CIBP</u>	<u>5.5</u>	<u>2030'</u>				
5							

REMARKS

Reason for Plugging None Reportable

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 Tyler Rauscher Date 8/7/18 Name and Title Typed or Printed Tyler Rauscher-Cementer
 Company Name Quasar Energy Services Permit No.
 Address Phone
 City State Zip

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 John Dehart Date 8/24/18 Name and Title Typed or Printed Dehart Co. Owner

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 Michael Rightmire