1002A - yes
Completed - 1-31-1984

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. 2018

RECEIVED
SEP 26 2018
OKLAHOMA CORPORATION COMMISSION DUNCAN OFFICE

TYPE OR USE BLACK INK

PLUGGING RECORD

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

API NO.	35-033-20754
OTC PROD. UNIT NO.	#033 083376
PLUGGING DATE	08/06/18

Well Name/No.	Big Bow #2				
Location	SE 1/4 SW 1/4 1/4 1/4	Sec 20	Twp 1S	Rge 9W	
460 Ft FSL of 1/4 Sec	1980 Ft FWL of 1/4 Sec	County	1S Cotton		
Total Depth	2245'	Base of Treatable Water	125'	Well Classification	oil

Locate Well on Grid

OPERATOR

Name	Dehart			OTC/OCC No.	# 033083376 / #11992
Address	P.O. BOX 914			Phone	1-580-223-7792
City	Ardmore	State OK	Zip Code 73402	Email Addr.	donnarbjreed@yahoo.com

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8	175'	0'	Surface
4 1/2	2245'	0'	I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	2172	To	2180
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	4.5	2125	25	31.25	1787	1497
2	CMT	4.5	225	60	75	3	surface +/-
3							
4	CIBP	4.5	2125'				
5							

REMARKS

Reason for Plugging: Non Profitable

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	Name and Title Typed or Printed	
Tyler Rauschuber	8/6/18	Tyler Rauschuber-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 ture, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature	Date	Name and Title Typed or Printed
John DeHart	9-24-18	DeHart Inc. 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

Michael Rightmire
Field Inspector