

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.  
35-007-24615  
OTC PROD. UNIT NO.  
35-007-106641  
PLUGGING DATE  
November 21, 2018

**PLUGGING RECORD**  
OAC 165:10-11-7


Well Name/No.  
COPE #1-27  
Location  
S/2-N/2-SW      Sec 27      Twp 5N      Rge 27ECM  
1650 Ft FSL of 1/4 Sec      1320 Ft FWL of 1/4 Sec      County BEAVER  
Total Depth 700'      Base of Treatable Water 790'      Well Classification GAS

**OPERATOR**

Name  
FOUNDATION ENERGY MANAGEMENT, LLC.      OTC/OCC No. 22137  
Address  
5057 KELLER SPRINGS RD. SUITE 050      Phone  
918-526-5595  
City ADDISON      State TEXAS      Zip 75001

**PIPE RECORD**

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	850'	0'	Surface
			I.C.
			I.C.
4 1/2"	7000'	1000'	P.C.
			Lnr.

**PERFORATION DEPTHS**

Set 1 -	From 6659'	To 6700'
Set 2 -	From 6756'	To 6882'
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"	6550'	2sx	20'	6530'	6530'
2	CEM	7 7/8" 8 5/8"	950'	100sx	300'	650'	692'
3	CEM	8 5/8"	64'	20sx	60'	4'	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 *Butch Dunkin*      Date 11/21/18      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 true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature *Bill Johnson*      Date 12-3-2018      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 *Brad Lee*      Field Inspector MR. JEROMY WEBB DISTRICT II

**RECEIVED**

DEC 04 2018

OKLAHOMA CORPORATION COMMISSION  
KINGFISHER OFFICE