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

PLUGGING RECORD
OAC 165:10-11-7

RECEIVED
MAR 06 2017
OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE

Form 1003/1003C
Rev. 2011

API NO. 047-22888
OTC PROD. UNIT NO. 047-055043
PLUGGING DATE 2/8/2017

Well Name/No. EDITH "A" #2

Location 1/4 1/4 SW 1/4 NW 1/4 | Sec 22 | Twp 22N | Rge 5W

660' Ft FSL of 1/4 Sec | 660' Ft FWL of 1/4 Sec | County GARFIELD

Total Depth 6660' | Base of Treatable Water 400' | Well Classification GAS

Locate Well on Grid

OPERATOR

Name PRIME OPERATING COMPANY | OTC/OCC No. 18626

Address 5400 N. GRAND BLVD, SUITE 450 | Phone (405) 947-1091

City OKLAHOMA CITY | State OK | Zip 73112-5654

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
20"	61' TOC SURFACE	0	Conductor
8 5/8"	524' TOC SURFACE	0	Surface
			I.C.
			I.C.
5½"	6660' TOC 5225'	0	P.C.
			Liner

PERFORATION DEPTHS

Set 1- From 6072' To 6164'

Set 2- From 6350' To 6370'

Set 3- From 6465' To 6478'

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+CEM	5½	5900'	2 SXS	2.4	5882'	
2	CEM	8 5/8 - 5 1/2	575'	200	236	6'	3'
3							
4							
5							

REMARKS

2/7/17: SET CIBP 5900'. SPOT 2 SXS CEM ON TOP, TOC 5882'. FILL 5½ CASING W/HEAVY MUD. 2/8/17: SHOOT SQZ HOLES 574'. PUMP 200 SXS CEM SQUEEZING CEM TO SURFACE BETWEEN 5½ & 8 5/8 CSG AND FILLING 5½ CSG FROM 574' TO SURFACE WITH CEM. CUT & CAP CSG AS REQUIRED 4' BELOW SURFACE. REMEDIATE SITE.

Reason for Plugging UNECONOMIC.

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 | Date 2-8-17 | Name and Title Typed or Printed Lance E Berry, Mgr.

Company Name Acidizing & Cementing Services | Permit No. 575

Address P.O. Box 751 | Phone (405) 969-3073

City Crescent | State OK | Zip 73028

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 3/2/17 | Name and Title Typed or Printed SHAWN LEMONS, OKLAHOMA DISTRICT MANAGER.

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

Tim McReynolds
Field Inspector