

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: September 30, 2013**

**API No:** 3513920400

**Well #:** 1

**Well Name:** FRED SWAIM UNIT

**Operator:** N L S INC

**Operator #:** 11529

**Section:** 27      **Township:** 5N      **Range:** 19E      **Meridian:** Cimarron

**S2 1/4:**      **N2 1/4:**      **NE4 1/4:**      **NW4 1/4:**

**Total Depth:** 6765      **Base of Treatable: Water:** 580      **Well Classification:** GAS

**CONTACT INFORMATION**

**Contact Name:** Jay Boland

**Telephone:** 7136222222

**Address 1:** 3981 JOE BALD RD

**Address 2:**

**City:** KIMBERLING CITY      **State:** MO      **Zipcode:** 65686-9466      **Country:** US

**Email Address:**

**Fax:**

**PIPE RECORDS**

**PERFORATION DEPTHS**

String Name	Size	Run	Pulled
SURFACE	8.625	1565	0
PRODUCTION	4.5	6765	2511

From Depth	To Depth
6396	6404

**PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	4.5	6300	25	29	5819	5819
CEM	8.625	1650	65	76	1456	1456
CEM	8.625	34	10	11	4	4

**Remarks:**

**Reason For Plugging:**

**CEMENTER CERTIFICATION INFORMATION**

**Name:**

**Title:**

**Company Name:** SARGENT & LILLARD CASING PULL

**Permit No:** 803

**Address 1:** 1506 CEDAR

**Address 2:** P.O. Box 1450

**City:** WOODWARD

**State:** OK      **Zipcode:** 73802-1450

**Phone:** (580) 254-1881

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

Electronic Signature: N L S INC