

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: January 17, 2014**

**API No:** 3501913528

**Well #:** 1

**Well Name:** DAVIS ROWLAND

**Operator:** OTC/OCC NOT ASSIGNED

**Operator #:** 9998

**Section:** 12      **Township:** 5S      **Range:** 2W      **Meridian:** Indian

**1/4:**      **SE4 1/4:**      **NW4 1/4:**      **SE4 1/4:**

**Total Depth:** 1229      **Base of Treatable: Water:** 1150      **Well Classification:** OIL

**CONTACT INFORMATION**

**Contact Name:**

**Telephone:** 9184406220

**Address 1:** 2101 N LINCOLN BLVD STE 220

**Address 2:** PO BOX 52000

**City:** OKLAHOMA CITY      **State:** OK      **Zipcode:** 73152-2000      **Country:**

**Email Address:**

**Fax:**

**PIPE RECORDS**

**PERFORATION DEPTHS**

String Name	Size	Run	Pulled

From Depth	To Depth
5750	6075

**PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	10.750	556	260	58	4	0
CEM	10.750	1229	300	65	643	556

**Remarks:** DRAINED BELL HOLE AROUND CSG & DIPPED OUT MUD W/BACKHOE. BEVELED BTM 12' X 9 5/8" CSG. WELD 2' X 10 3/4" CSG TO 9 5/8" CSG TO SURF W/4" FLW T. BACK FILLED HOLE AROUND WELL BORE. MOVED IN WELL SERVICE. SET & TESTED RIG ANCHORS. TIH DRILLED UP 10' CMT SURF PLUG. DRILLED DOWN TO DEPTH 1229'. CIRC BTMS UP. PMPD 5 BFW FOLLOWED BY 300 SX CLASS A NEAT CMT @ 15.7 PPG W/ 2% CC. DISPL W/ 5 BFW. TAGGED TOC @ 556'. PUH 2' & PMPD 260 SX CLASS A CMT. CIRC SOLID CMT TO SURF. TOOH. MIXED & TOPPED OFF SURF W/ 7 SX CMT. RDMO PU. WELL IS BEING REPLUGGED IN ORDER TO RECEIVED APPROVED INJECTION PERMIT FOR LONE GROVE DEESE UNIT 12-3. DAVIS ROWLAND #1 IS WITHIN 1 MILE RADIUS OF LONE GROVE DEESE UNIT 12-3 APE # 019-25604.

**Reason For Plugging:** PLUGGED BY CITATION O & G -

**CEMENTER CERTIFICATION INFORMATION**

**Name:**

**Title:**

**Company Name:** QUASAR ENERGY SERVICES

**Permit No:** 869

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zipcode:**

**Phone:** (940) 612-3336

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: OTC/OCC NOT ASSIGNED