

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: March 12, 2014**

**API No:** 3500723919

**Well #:** 1-22

**Well Name:** APPLEWHITE

**Operator:** SLAWSON EXPLORATION CO INC

**Operator #:** 17313

**Section:** 22

**Township:** 5N

**Range:** 26E

**Meridian:** Cimarron

**1/4:**

**NE4 1/4:**

**NE4 1/4:**

**NW4 1/4:**

**Total Depth:** 0

**Base of Treatable: Water:** 0

**Well Classification:** DRY

**CONTACT INFORMATION**

**Contact Name:** Donald Slawson

**Telephone:** 9408463478

**Address 1:** 204 N ROBINSON AVE STE 2300

**Address 2:**

**City:** OKLAHOMA CITY

**State:** OK

**Zipcode:** 73102-6891

**Country:** US

**Email Address:**

**Fax:**

**PIPE RECORDS**

String Name	Size	Run	Pulled
CONDUCTOR	8.625	979	0
INTERMEDIATE CASING	4.5	6170	2000

**PERFORATION DEPTHS**

From Depth	To Depth
5936	5947
6065	6074

**PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	8.625	1079	90	19	770	770
CEM	8.625	400	30	6	357	357
CEM	8.625	32	10	2	4	4
CIBP	4.5	5880	2	0	0	0

**Remarks:**

**Reason For Plugging:** ABANDON

**CEMENTER CERTIFICATION INFORMATION**

**Name:**

**Title:**

**Company Name:** ALLIED CEMENTING CO., INC

**Permit No:** 781

**Address 1:** 281 HWY & LAKE CITY ROAD

**Address 2:**

**City:** MEDICINE LODGE

**State:** KS

**Zipcode:** 67104

**Phone:** (316) 886-5926

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:** SLAWSON EXPLORATION CO INC