

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: August 13, 2014**

**API No:** 3509323176

**Well #:** 1

**Well Name:** FITZGERALD

**Operator:** LINN OPERATING INC

**Operator #:** 22182

**Section:** 8      **Township:** 20N      **Range:** 11W      **Meridian:** Indian

**1/4:**      **1/4:** CNW4 **1/4:**      **SE4 1/4:**

**Total Depth:** 0      **Base of Treatable: Water:** 0      **Well Classification:** GAS

**CONTACT INFORMATION**

**Contact Name:** Melody Crawford

**Telephone:** 5806573921

**Address 1:** 14000 QUAIL SPRINGS PKWY STE 5000

**Address 2:**

**City:** OKLAHOMA CITY      **State:** OK      **Zipcode:** 73134-2619      **Country:**

**Email Address:**

**Fax:**

**PIPE RECORDS**

String Name	Size	Run	Pulled
SURFACE	8.625	630	0
PRODUCTION	4.5	8600	2540

**PERFORATION DEPTHS**

From Depth	To Depth
7105	7112
7246	7434
7705	8305
8364	8390

**PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	4.5	5850	25	300	5550	5550
CEM	8.625	730	100	300	430	417
CEM	8.625	34	10	30	4	4

**Remarks:**

**Reason For Plugging:** UNECONOMICAL

**CEMENTER CERTIFICATION INFORMATION**

**Name:**

**Title:**

**Company Name:** QUALITY COMPLETIONS OF  
ARKANSAS, LLC DBA DOSCO, LLC

**Permit No:** 881

**Address 1:**

**Address 2:**

**City:**      **State:**      **Zipcode:**      **Phone:** (405) 853-7170

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: LINN OPERATING INC