

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: April 02, 2015**

**API No:** 3501900353

**Well #:** 1

**Well Name:** FISH

**Operator:** MACMART INC

**Operator #:** 15734

**Section:** 10      **Township:** 1S      **Range:** 2W      **Meridian:** Indian

**1/4:**      **NE4 1/4:**      **SE4 1/4:**      **SE4 1/4:**

**Total Depth:** 3009      **Base of Treatable: Water:** 400      **Well Classification:** OIL

**CONTACT INFORMATION**

**Contact Name:** Bonney R Martin

**Telephone:**

**Address 1:** 301 S WASHITA AVE

**Address 2:** PO BOX 337

**City:** WYNNEWOOD      **State:** OK      **Zipcode:** 73098-0337      **Country:** US

**Email Address:**

**Fax:** 4054470370

**PIPE RECORDS**

**PERFORATION DEPTHS**

| String Name       | Size   | Run  | Pulled |
|-------------------|--------|------|--------|
| SURFACE           | 10.750 | 122  | 0      |
| PRODUCTION CASING | 4.5    | 2558 | 0      |

| From Depth | To Depth |
|------------|----------|
|------------|----------|

**PLUGS**

| Plug Type | Hole Size | Depth | No. Sacks of Cement | Slurry Volume | Calculated TOC | Top of Plug |
|-----------|-----------|-------|---------------------|---------------|----------------|-------------|
| CEM       | 4.5       | 172   | 100                 | 20            | 0              | 0           |
| CEM       | 4.5       | 450   | 50                  | 10            | 250            | 246         |
| CIBP      | 4.5       | 898   | 2                   | 1             | 865            | 0           |

**Remarks:** SET 4 1/2" CIBP @ 886' CAP W/ 2 SKS CMT. PERF @ 450'. SQUEEZE W/50 SKS CMT. TAG TOC. @ 246'.  
 PERF @ 172'. CIRC CMT. TO SURFACE W/ 100 SKS. LEAVE FULL. CUT OFF 4' BGL & CAP W/ I.D. PLATE.

**Reason For Plugging:** NON-COMMERCIAL

**CEMENTER CERTIFICATION INFORMATION**

**Name:**      **Title:**

**Company Name:** ORR ENTERPRISES, INC.

**Permit No:** 825

**Address 1:**

**Address 2:** P.O. Box 1706

**City:** DUNCAN      **State:** OK      **Zipcode:** 73534      **Phone:** (580) 251-9618

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: MACMART INC