

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: March 13, 2014**

**API No:** 3501721665

**Well #:** 30-4

**Well Name:** MILLER

**Operator:** PRIME OPERATING COMPANY

**Operator #:** 18626

**Section:** 30

**Township:** 13N

**Range:** 7W

**Meridian:** Indian

**1/4:**

**1/4:**

**CSE4 1/4:**

**NW4 1/4:**

**Total Depth:** 0

**Base of Treatable: Water:** 0

**Well Classification:** GAS

**CONTACT INFORMATION**

**Contact Name:** Shawn Lemons

**Telephone:** 4057206554

**Address 1:** 5400 N GRAND BLVD STE 450

**Address 2:**

**City:** OKLAHOMA CITY

**State:** OK

**Zipcode:** 73112-5552

**Country:** US

**Email Address:**

**Fax:**

**PIPE RECORDS**

**PERFORATION DEPTHS**

String Name	Size	Run	Pulled
SURFACE	8.625	710	0
PRODUCTION	4.5	10864	810

From Depth	To Depth
10404	10544
9264	10180
8570	8614

**PLUGS**

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CEM	4.5	2808	40	47	2800	2800
CEM	8.625	810	90	106	610	615
CEM	8.625	34	10	12	4	4

**Remarks:**

**Reason For Plugging:** CASING LEAK - UNECONOMICAL

**CEMENTER CERTIFICATION INFORMATION**

**Name:**

**Title:**

**Company Name:** ACIDIZING & CEMENTING SERVICES

**Permit No:** 575

**Address 1:**

**Address 2:** P.O. Box 751

**City:** CRESCENT

**State:** OK

**Zipcode:** 73028

**Phone:** (405) 969-3093

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: PRIME OPERATING COMPANY