

**PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION**

**Plug Date: February 03, 2015**

**API No:** 3509323345

**Well #:** 16-16

**Well Name:** ROY

**Operator:** LINN OPERATING INC

**Operator #:** 22182

**Section:** 16      **Township:** 21N      **Range:** 15W      **Meridian:** Indian

**1/4:**                      **1/4:**                      **CSE4 1/4:**                      **SE4 1/4:**

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

**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**

**PERFORATION DEPTHS**

| String Name | Size  | Run  | Pulled |
|-------------|-------|------|--------|
| SURFACE     | 8.625 | 801  | 0      |
| PRODUCTION  | 4.5   | 9350 | 2910   |

| From Depth | To Depth |
|------------|----------|
| 7084       | 7110     |
| 7381       | 8202     |
| 8600       | 8608     |

**PLUGS**

| Plug Type | Hole Size | Depth | No. Sacks of Cement | Slurry Volume | Calculated TOC | Top of Plug |
|-----------|-----------|-------|---------------------|---------------|----------------|-------------|
| CEM       | 4.5       | 7040  | 35                  | 41            | 6590           | 6560        |
| CEM       | 8.625     | 34    | 90                  | 106           | 4              | 4           |
| CEM       | 8.625     | 34    | 10                  | 12            | 4              | 4           |

**Remarks:**

**Reason For Plugging:** UNECONOMICAL

**CEMENTER CERTIFICATION INFORMATION**

**Name:**    **Title:**

**Company Name:** MARTIN TANK TRUCK & CSG PLG

**Permit No:** 304

**Address 1:**

**Address 2:** P.O. Box 383

**City:** CUSHING

**State:** OK      **Zipcode:** 74023

**Phone:** (918) 225-2388

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