TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
PLUGGING RECORD

OAC 165:10-11-7

Form 1003/1003C
(Rev. 2001)

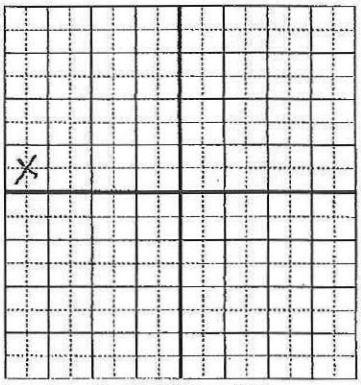
API NO.	017-21098
OTC PROD.UNIT NO.	017-54408
PLUGGING DATE	03/23/2017

Well Name/No. **ZALOUDIK 4-1**

Location: 1/4 **SW** 1/4 **SE** 1/4 **NE** 1/4 | Sec **1** | Twp **12N** | Rge **6W**

300 Ft. FSL of 1/4 Sec | **1720** Ft. FWL of 1/4 Sec | County **CANADIAN**

Total Depth	Base of Treatable Water	Well Classification
8829'	1150'	OIL



Locate Well on Grid

OPERATOR

Name	OTC/OCC No.
CHAPARRAL ENERGY LLC	16896
Address	**Phone**
701 CEDAR LAKE BLVD	(405)478-8770
City / **State** / **Zip**	
OKLAHOMA CITY / OK / 73114	

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8"	621'	0	Surface
			I.C.
			I.C.
4 1/2"	8829'	2841'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	8088	To	8248
Set 2 -	From	8343	To	8762
Set 3 -	From		To	
Set 4 -	From		To	

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CIPB + CEM	4 1/2"	7850'	2	20'	7830'	7830'
2	CEMENT	8 5/8"	720'	75	200'	520'	505'
3	CEMENT	8 5/8"	34'	10	30'	4'	4'
4							
5							

REMARKS

RECEIVED
APR 12 2017
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

Reason for Plugging:
NON COMMERCIAL

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per O.C.C. instructions. The cementing was performed by me or under my direct supervision. I certify all cementing data is true, correct and complete.

Signature	Date	Name and Title Typed or Printed
Carl Humphries	04/09/2017	CARL HUMPHRIES - PRESIDENT

Company Name:	Permit No.
CARL HUMPHRIES INC	744
Address	**Phone**
P.O. BOX 514	(405)373-3678
City / **State** / **Zip**	
PIEDMONT / OK / 73078	

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature	Date	Name and Title Typed or Printed
Chacie Norton	4-12-17	Chacie Norton - Engineer Tech

CORPORATION COMMISSION USE ONLY

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Signature of District Manager: Ben Lee

Field Inspector: Robby Blakley

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