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

Form 1003/1003C
Rev. 2015

PLUGGING RECORD
OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO.	071-22587
OTC PROD. UNIT NO.	
PLUGGING DATE	12/28/16

Locate Well on Grid

	X						

Well Name/No.	ROBERT SANDS NORTH 2A				
Location	1/4 SE 1/4 NW1/4 NW1/4	Sec 10	Twp 27N	Rge 5E	
1660	Ft FSL of 1/4 Sec 1010	Ft FWL of 1/4 Sec	County	KAY	
Total Depth	3200'	Base of Treatable Water 190'	Well Classification	Oil	

OPERATOR

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

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
10-3/4	360	0	Conductor
7	3199	0	Surface
			I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From 2914 To 2921
Set 2- From To
Set 3- From To
Set 3- 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	CEMENT	7	3130	275	363	2700	
2	CEMENT	7	1450	75	99	1000	
3	CEMENT	7	400	200	264	SURFACE	
4							
5							

REMARKS

Reason for Plugging

CEMENTER CERTIFICATION

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

Signature	Tracy L. Williams	Date 12/28/16	Name and Title Typed or Printed TRACY L. WILLIAMS/CEMENTER
Company Name	CONSOLIDATED OIL WELL SERVICES LLC		Permit No. 652
Address	101 N. HARMONY RD		Phone 918-225-3040
City	CUSHING	State OK	Zip 74023

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 ture, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature	Date 1/17/2017	Name and Title Typed or Printed Leigh Kuykendall, Regulatory Compliance Supervisor - EOR

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

Field Inspector: C. Schwartz

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