TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

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

Form 1003/1003C
(Rev. 1996)

PLUGGING RECORD
OAC 165:10-11-7

API NO.	35-061-00109
OTC PROD. UNIT NO.	
PLUGGING DATE	3/3/16

Locate Well on Grid

Well Name/No. **WILLIAMS 'C' # 1**

Location							
1/4 SW 1/4 SW 1/4 NE 1/4		Sec 22	Twp 7N	Rge 19E			
Ft FSL of 1/4 Sec	Ft FWL of 1/4 Sec	County HASKELL					
Total Depth 10,650	Base of Treatable Water 230'	Well Classification OIL					

OPERATOR

Name	NEWFIELD EXPLORATION	OTC/OCC No.	209440
Address	24 Water Way, Suite 900	Phone	281-674-2521
City	The Woodlands	State TX	Zip 77380

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
13 3/8"	203'	0	Surface
8 5/8"	3734'	0	I.C.
			I.C.
4 1/2"	10,642'	3849'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	10,536'	To	10,568'
Set 2-	From		To	
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	CIBP	4 1/2"	10,486'	2	1/2 BBL	10,450'	
2	CEMENT	8 5/8" & O.H.	3866'	125	29 BBL	3400'	3364'
3	CEMENT	8 5/8"	285'	75	18 BBL	SURFACE	SURFACE
4							
5							

REMARKS

Set 4 1/2" cibp @10,486'. Cap w/ 2 sks. Cut 4 1/2" csg @ 3849'. Spot 125 sks cmt 3866'-3400'. Woc. Tag toc @ 3364'.

Pull up to 285' & circ cmt to surface w/ 75 sks. Cut off welhead 4' bgl & cap w/ I.D. Plate.

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 3/3/16	Name and Title Typed or Printed	DOUG SMITH - MANAGER
Company Name	ORR ENTERPRISES , INC.	Permit No.	825
Address	P.O. BOX 1706	Phone	(580)251-9618
City	DUNCAN	State OK	Zip 73534

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 Evelyn P. Smith	Date 7/17/17	Name and Title Typed or Printed Evelyn P. Smith - Dir Regulatory

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.

Brent Ellis — Signature of District Manager

Hollis Hammond — Field Inspector