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. 2013

PLUGGING RECORD
OAC 165:10-11-7

API NO. 053-21284
OTC PROD. UNIT NO. 053-82516
PLUGGING DATE 7-25-2017

Well Name/No. Jefferson NW WF Unit SI1 (Simon 1-3)

Location: C 1/4 NW 1/4 SW 1/4 SW 1/4 | Sec 3 | Twp 26N | Rge 6W

990 Ft FSL of 1/4 Sec | 330 Ft FWL of 1/4 Sec | County Grant

Total Depth 5270 | Base of Treatable Water 60 | Well Classification Oil

Locate Well on Grid

OPERATOR

Name: Chaparral Energy Inc. | 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)	
			Conductor
8 5/8	304	--	Surface
			I.C.
			I.C.
4 1/2	5256	2490.52	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From 5032 To 5050

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	4800	2	20	4780	--
2	Cement	7 7/8 8 5/8	320	102	316	4	4
3							
4							
5							

REMARKS

Reason for Plugging

RECEIVED
AUG 01 2017
OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE

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 that all cementing data is true, correct and complete.

Signature: Jerry Dunkin | Date 7-27-17 | Name and Title Typed or Printed: Jerry Dunkin, President

Company Name: Jerry Dunkin Well Services Inc. | Permit No. 457

Address: P.O. Box 389 | Phone 580-237-6152

City: Enid | State OK | Zip 73702

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 7/31/17 | Name and Title Typed or Printed: Shelly Summers Eng. 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: Bud Ice

Field Inspector: Tim McReynolds, District II