OKLAHOMA CORPORATION COMMISSION
TO SEND THIS FORM TO THE OCC, PLEASE USE THE APPROPRIATE DISTRICT OFFICE ADDRESS (ON THE BACK OF THIS FORM)

RECEIVED OCT 16 2017 OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

Form 1003/1003C
Rev. 2017

TYPE OR USE BLACK INK

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO.	04522129
OTC PROD. UNIT NO.	045106962
PLUGGING DATE	09/07/17

Well Name/No.	Dunn 3-27						
Location	1/4	1/4 CNE 1/4	SW 1/4	Sec 27	Twp 17N	Rge 24W	
1979 Ft FSL of 1/4 Sec	1980 Ft FWL of 1/4 Sec			County	Ellis		
Total Depth 8900'	Base of Treatable Water 450			Well Classification	oil		

Locate Well on Grid

OPERATOR

Name	Crawley Petroleum Corporation	OTC/OCC No.	07980
Address	105 N Hudson Ste 800	Phone	(405) 232-9700
City Oklahoma City	State OK	Zip Code 73102-4803	Email Addr.

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8-5/8	916	0	Surface
			I.C.
			I.C.
4-1/2	8,414	2,112	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	8,142	To	8,160
Set 2-	From	8,170	To	8,184
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	Cibp	4 1/2	8,081	2	2.64	8,061	
2	Cement	7 7/8	1,024	100	132	648	850
3	Cement	8 5/8	34	15	19.8	3	3
4							
5							

REMARKS

Reason for Plugging No longer economical.

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 Dennis Lee Holman	Date	Name and Title Typed or Printed	Dennis Lee Holman P&A contractor
Company Name	H&K Plugging And Salvage/Holman Well Service llc	Permit No.	692
Address	P.O. Box 2742	Phone	
City Pampa	State Texas	Zip	79065

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 Paula Wehling	Date 10/12/17	Name and Title Typed or Printed Paula Wehling -Regulatory Compliance

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.

Bud Ice	Jeff Crooks
Signature of District Manager	Field Inspector