

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

RECEIVED

NOV 29 2018

Form 1003/1003C
(Rev. 2001)

API NO.	35 017 23751
OTC PROD. UNIT NO.	017-113294
PLUGGING DATE	9/18/2018

PLUGGING RECORD
OAC 165:10-11-7

OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE

Well Name/No. Brogden 2-35			
Location NE 1/4 NW 1/4 SW 1/4 SW 1/4	Sec 35	Typ T12N	Rge R10W
1100 Ft FSL of 1/4 Sec	500	Ft FWL of 1/4 Sec	
Total Depth 12,000'	Base of Treatable Water 300'	County Canadian County, OK	Well Classification gas

OPERATOR

Name Devon Energy	OTC/OCC No. 20751
Address 333 W. Sheridan Avenue	Phone (405) 228-8595
City OKC	State OK
	Zip 73102

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
			Surface
9-5/8"	1362'	0'	I.C.
5-1/2"	11340'	1492'	I.C.
			P.C.
			Lwr.

PERFORATION DEPTHS

Set 1-	From 11023	To 11027
Set 2-	From	To
Set 3-	From	To
Set 4-	From	To

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Socks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	PTA	9 5/8" 36# CASING	32'	30	35.4 FT ³	SURFACE	SURFACE
2	CIBP W/ CMT	5 1/2"	11000'	20		10980'	
3	CMT	9 5/8"	1438'	125 (Brace)			1147'
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 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 <i>Cham</i>	Date 9/18/2018	Name and Title Typed or Printed JAKE O'BRYEN SUPERVISOR
Company Name Spinnaker Oilfield Services	Permit No. 884	
Address 3675 Alfordale Rd	Phone	
City El Reno	State OK	Zip 73099

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rules, 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 <i>Scott Byler</i>	Date 9/18	Name and Title Typed or Printed Scott Byler
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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 <i>Bob Balkora</i>	Field Inspector Bob Balkora
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