A. Please type or print using black ink. B. Form must be signed by former operator and new operator. C. Outline boundaries of lease and spot well being transferred. D. Attach 1002A for well. E. Direct questions to Well Records (405) 521-2275.		LAHOMA CORPORATION COMMISSION Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, OK 73152-2000 Transfer of Operator OAC 165:10-1-15		2310'	5	5280 ft	Form 1073 Rev. 2009
API No 35-079-20717 OTC Prod. Unit No.		079-092985		990'			
	Sec. 1/4 SW 1/4	22 . 1010	Rge. 27E	330'			
Ft FSL of Qtr Sec 1200' Ft FWL of Qtr Sec 1200' County			_eflore	2310'		8 1	
Current Well Name/Number		1650'					
Original Well Name/Number Leflore #1-22				990'	X		
Unit Name (if applicable)				330'			
Well Class: OIL XGA	S DRY				Loca	te Well On Grid Abov	В
Producing formation(s)	*		piro				
The eff	fective date of transfer of is the date that the t	f this well, for the transfer is approv	purposes of red by the Co	Commiss mmission	ion records	5,	
CURRENT OPERATOR OCC No. 16896			NEW OPERATOR OCC No. 22137				
Name Chaparral Energy L.L.C			Name Foundation Energy Management LLC				
Address 701	Addre	ess 1			kway Suite #8	375	
City Oklahoma City	State OK Zip 73	City	Dalla	as	State T	X Zip	75248
Phone 405-478-8770	Phone No.	972-70	7-2500	FAX No./	E-mail		
I verify that I am the legal operator of record with authority to transfer operatorship of this well. Signature James M. Miller - SVP MidContinent Regional Manager Name & Title (Typed or Printed) Signed and sworn to before me this 25 day of 2012702 EXP. 08/17/14 Wy commission expression botary Public I verify under oath that I have exercised due diligence in attempting to locate the current operator of record according to OCC records, who has abandoned the above well/lease and cannot be located to obtain signature. I have attached a copy of the certified recorded assignment of lease. * APPROVED COPY AVAILABLE ON OCC WEBSITE. * Signature Signature Signature No. I verify that I am the legal operator of record with authority transfer operatorship of this well. I verify that I am the legal operator of record with authority transfer operatorship of this well. Signature No. I verify that I am the legal operator of record with authority transfer operatorship of this well. Signature Signature No. I verify that I am the legal operator of record with authority transfer operatorship of this well. Signature Signature Signature Signature No. I verify that I am the legal operator of record with authority transfer operatorship of this well. I verify that I am the legal operator of record with authority transfer operatorship of this well. Name & Title (Typed or Printed) Signature Notary Public My commission expression with authority transfer operatorship of this well. Name & Title (Typed or Printed) Signature Notary Public My commission expression with authority transfer operatorship of this well.						rority to	
Signed and sworn to before me	e this day of			Not	tary Public		
My commission expires: FOR OCC USE ONLY Surety Dept. Approved Reje	FEB 0 4 2	Well Records	Dept. Appro		ected Date	FEB 0. WELL RE	4 2013 ECORDS
NOTE: By processing this Form 10	73 the Oklahama Corporation	Commission has ann	roved the conten	ts thereof as	s to form only	Oklahoma Co	rporation

Commission does not warrant that the facts provided by the operator are true. Form is not approved until approved by Well Records.