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OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

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. 2016

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

API NO. 35-153-21649
OTC PROD. UNIT NO. 153-029155
PLUGGING DATE 1-27-2017

Well Name/No. Wyckoff #3-2

Location NE 1/4 1/4 1/4 1/4 | Sec 3 | Twp 20N | Rge 17W

1826 Ft FSL of 1/4 Sec 1320 Ft FWL of 1/4 Sec | County Woodward

Total Depth 8100 | Base of Treatable Water 40 | Well Classification Gas

Locate Well on Grid

OPERATOR

Name: Chesapeake Operating LLC | OTC/OCC No. 17441
Address: P.O. Box 18496 | Phone 405-935-8000
City: Oklahoma City | State OK | Zip 73154-0496

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8	1027	--	Surface
			I.C.
			I.C.
4 1/2	8094	2671.51	P.C
			Lnr.

PERFORATION DEPTHS

Set 1 - From 7961 To 8010
Set 2- From To
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	7470	2	20	7450	--
2	Cement	7 7/8 8 5/8	1125	75	200	925	894
3	Cement	8 5/8	100	35	96	4	4
4							
5							

REMARKS

Reason for Plugging uneconomic

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: Jerry Dunkin | Date 2-1-17 | 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: Sara Everett | Date 2/8/17 | Name and Title Typed or Printed: Sara Everett Reg. Analyst

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: Brad Tee

Field Inspector: Tucker Duke, District II