

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

RECEIVED

FEB 16 2017

OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE

API NO. 047-21703
OTC PROD. UNIT NO. 047-055876
PLUGGING DATE 01/11/17

PLUGGING RECORD
OAC 165:10-11-7

Well Name/No. SCHULTZ 1 - 22
Location 1/4 C 1/4 NE 1/4 NW 1/4 | Sec 22 | Twp 20 N | Rge 6 W
Ft FSL of 1/4 Sec | Ft FWL of 1/4 Sec | County GARFIELD
Total Depth 7330 | Base of Treatable Water 370 | Well Classification oil

OPERATOR
Name HIGH ENERGY
Address P O Box 1762
City Cushing | State OK
OTC/OCC No. 13171
Phone 405-747-7157
Zip 74023

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	8 5/8	469	0	Surface
	4 1/2 10 1/2 #	7730'	0	I.C. I.C. P.C. Lnr.

PERFORATION DEPTHS		
Set 1 -	From 6634	To 7046
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	CEMENT	4 1/2" CSG	PERFED @ 569'	180	277 CUFT	G.L.	VISUAL
2	CIBP	4 1/2	6400'	2		6380	
3							
4							
5							

REMARKS
CIRC CASING FULL WITH DRLG MUD FROM 5007' TO SURFACE THRU 2 3/8" TUBING
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 that all cementing data is true, correct and complete.
Signature [Signature] | Date [Date] | Name and Title Typed or Printed J.B. Niccum - Manager
Company Name Oklahoma Cementing Cushing, LLC | Permit No. 890
Address P.O. Box 590 | Phone 918-225-0688
City Cushing | State OK | Zip 74023

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 true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.
Signature Loy D. Boyle | Date 2-4-17 | Name and Title Typed or Printed owner

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 [Signature] | Field Inspector Tim McReynolds