1. PLEASE TYPE OR USE BLACK INK.
2. File this form completed in its entirety.
3. Mail to the appropriate District Office.
4. Complete schematic sketch on back.
5. Attach amended OCC Form 1002A showing T & A conditions.

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

NOTICE OF TEMPORARY EXEMPTION FROM PLUGGING
(OAC 165:10-11-9)

Form 1003A
Rev. 2011

☑ ORIGINAL APPLICATION
☐ AMENDED APPLICATION
☐ RENEWAL APPLICATION

Original Application Date:

Operator	J & J Production Co.	OCC/OTC Number	04183
Address	Box 561	Phone Number	918 623-6763
City	Okemah	State Oklahoma	Zip Code 74859
Lease /Well Name/Number	Wind 35-8	API No.	107-23012-01
		OTC Lease #	
Spot Loc'n	C 1/4 SW 1/4 SE 1/4 NE 1/4	Ft. From South Line of Quarter Section	330'
		Ft. From West Line of Quarter Section	1650'
Sec. 35 Twp. 11N Rge. 9E	County Okfuskee	Completion Date	7-8-97
		Date Last Produced / Used as Utility Well	(DIST.) 5/14/25
Is well located on a valid or producing lease or unit? ☒ yes ☐ no		Depth to Base of Treatable Water:	270'
		Surface Casing Set At:	382

LATEST TEST DATA: Test Date MIT 9-15-06 | Oil none BBLS | Water Unknown BBLS | Gas none MCFD

PRODUCING FORMATION(s)		PERFORATIONS	SPACING SIZE/ORDER NO
Senora Sand	1477'- 1546'	—	none
U. Dutcher	2840'- 2858'	—	none
L. Dutcher	2908'- 2952'	—	none
Cromwell	3134'- 3170'	—	none
Hunton	3644'- 3742'	3648'-3660', 3674'-3694'	none

Proposed date of temporary abandonment: 3-1-17 | Original date abandoned: not abandoned | Length of time applied for (not to exceed 5 years): 3 yrs

REASON FOR EXEMPTION FROM PLUGGING

With some work this well can be used for a producing well.
Port collar set at 1678' & Cemented 125 sax, 400' over Senora Formation 7/8/97, 1290'- 1678', (Senora formation 1477'-1546')

METHOD OF TEMPORARY PLUGGING FOR THE PROTECTION OF THE TREATABLE WATER SANDS

1. BRIDGING PLUG 3/16/17	2. TUBING WITH WITH PACKER	3. FLUID LEVEL TEST
Brand/Type 10,000# CIBP	Brand/Type	Method
Depth Set 1660'	Depth Set	Depth to Fluid
Top of Cement 1290'	Top of Cement	Type of Fluid

DATE OF FLUID LEVEL SURVEY _____ WITNESSED BY OCC _____ FIELD INSPECTOR

SIGNATURE

I hereby certify that I am authorized to submit this application, which was prepared by me or under my supervision and direction. The facts and proposals made herein are true to the best of my knowledge and belief.

SIGNATURE	John Luckett Operator	3-16-17
	PRINT OR TYPE NAME AND TITLE	DATE

Form 1003A
Rev. 2008

DISTRICT I
115 West 6th Avenue
Bristow, OK
74010-2801
(918) 367-3396
OGBristowOffice@occemail.com

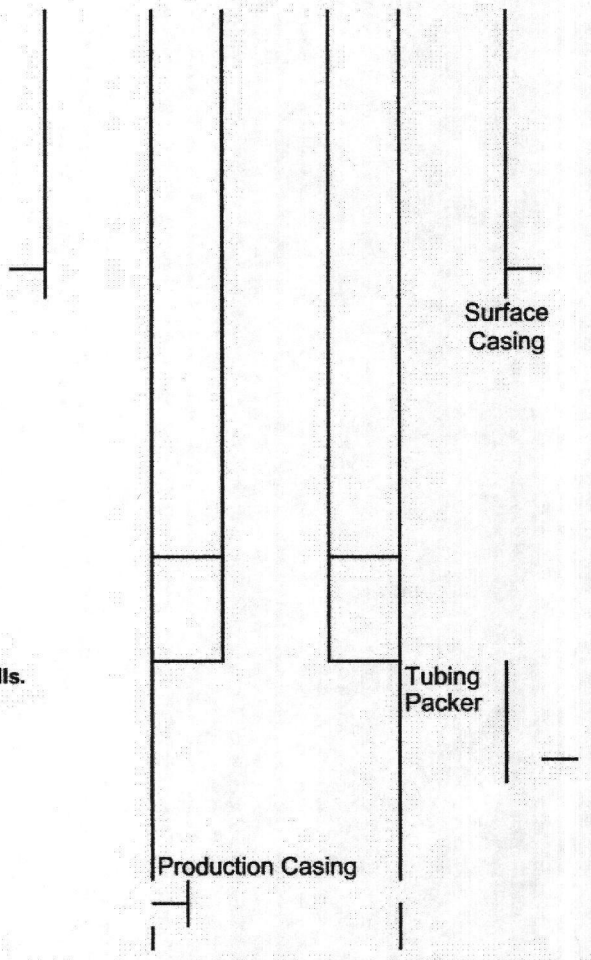
DISTRICT II
101 South 6th Street
Kingfisher, OK
73750-3209
(405) 375-5570
OGKingfisherOffice@occemail.com

DISTRICT III
1111 W. Willow Avenue
Suite 100
Duncan, OK 73533-4759
(580) 255-0103
OGDuncanOffice@occemail.com

DISTRICT IV
1400 Hoppe Blvd.
Suite D
Ada, OK 74820-2312
(580) 332-3441
OGAdaOffice@occemail.com

Refer to Rule 165:10-11-9 for additional information concerning Temporary Exemption from Plugging of Wells.

BORE HOLE SCHEMATIC



FOR COMMISSION USE ONLY

☑ APPROVED — This exemption, if approved, shall be valid until 3-16-2022
If approved, one copy will be returned to the operator stamped "approved".

☐ DISAPPROVED — If disapproved, all materials will be returned to the operator with a note as to why the request was rejected.

Terry Thomas	1	3-16-17
DISTRICT MANAGER	DISTRICT	DATE
Dennis K. Kuykendall	OTC Specialist	3-24-2017
TECHNICAL DEPARTMENT STAFF	TITLE	DATE

ANLINE
P.O. BOX 669
HENRYETTA, OKLAHOMA 74437-0669
OFFICE 918/652-4925 • FAX 918/652-4672
HOME 918/652-2432

CONTROL NUMBER _____
INVOICE № 9005
STATION Henryetta
DATE 3-16-17

COMPANY NAME: J & J Production Co.
ADDRESS:

COMPANY REP: Mr. Luckett
WELL NO.: Wind B# 35-8 SWD
FIELD:
COUNTY: Okfuskee STATE: OK SEC: 35 TWP: 11N RNG: 9E
PHONE:
C SW SE NE

WORK ORDER

TO: ANLINE
YOU ARE HEREBY REQUESTED TO PERFORM OR ATTEMPT TO PERFORM THE FOLLOWING SERVICES OR FURNISH THE FOLLOWING EQUIPMENT: _____

TOOL INSURANCE ☐ ACCEPT ☐ DECLINE DED _____ PREM _____

On the above well in accordance with your general terms and conditions which are set out on the reverse side of this work order sheet.

"In the event a radioactive source becomes lodged in the well bore during well logging operations, recovery procedures and activities will comply with Section 39.15 (a) of 10 CFR, Part 39, or the applicable regulations of the state regulatory agency with jurisdiction."

X _____ COMPANY

BY _____ CUSTOMERS AUTHORIZED REPRESENTATIVE

SERVICE	CODE	QTY	UNIT RATE	TOTAL CHARGE	TIME IN	TIME OUT	TOTAL TIME
Cement Bond Log (VDL)							
W/ Gamma Ray CCL log							
Set 5½" CIBP @ 1660' (10,000) lb							
Paid Ck# 12316							
				2700.00			
				-10%	20	ratio	pg.
				TOTAL 2430.00		TOTAL TIME	

SIGNATURE OF ANLINE REPRESENTATIVE

I CERTIFY THAT I HAVE RECEIVED THE ABOVE SERVICES, MATERIALS AND PRODUCTS.

SIGNATURE OF COMPANY REPRESENTATIVE

SURVEY: _____

BEFORE: _____ MR/HR AFTER: _____ MR/HR

PAID: CK # _____ INVOICE (NET 10) _____

TIMES	HOURS	MILEAGE	MILES	STANDBY	HOURS
LV SHOP		MI OUT		START	
AR LOC		MI LOC		STOP	
LV LOC		MI TOT		TOTAL	
AR SHOP		MI CHARGE		CHARGE	

	NAME
SALESMAN	
ENGINEER	
OPERATOR	
OPERATOR	

RECEIVED AT WELL
LOGS 3 DISK
FINAL LOGS REQ.

REMARKS