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
PLUGGING RECORD

OAC 165:10-11-7

Form 1003/1003C
(Rev. 2001)

RECEIVED
MAR 2 2 2017
OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

API NO.
039-20261

OTC PROD.UNIT NO.
039-60730

PLUGGING DATE
02/27/2017

Well Name/No.
SAWATSKY 1-3

Location:
1/4 1/4 1/4 NE 1/4 | Sec 3 | Twp 12N | Rge 16W

1200 Ft. FSL of 1/4 Sec | 1320 Ft. FWL of 1/4 Sec | County CUSTER

Total Depth: 15,650' | Base of Treatable Water: 580' | Well Classification: GAS

Locate Well on Grid

OPERATOR

Name	OTC/OCC No.
CHAPARRAL ENERGY LLC	16896
Address: 701 CEDAR LAKE BLVD	Phone: (405)478-8770
City: OKLAHOMA CITY / State: OK	Zip: 73114

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
			Conductor
10 3/4"	4218'	0	Surface
			I.C.
			I.C.
7 5/8"	13,227'	4196'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From 9530	To 9560
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	7 5/8"	8700'	100	400'	8300'	8350'
2	CEMENT	10 3/4" & 9 3/4"	4200'	150	300'	3900'	3910'
3	CEMENT	10 3/4	1010'	50	100'	910'	
4	CEMENT	10 3/4	630'	50	100'	530'	
5	CEMENT	10 3/4	34'	20	30'	4'	4'

REMARKS

Reason for Plugging:
NON COMMERCIAL

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	Date	Name and Title Typed or Printed
Carl Humphries	03/11/2017	CARL HUMPHRIES - PRESIDENT

Company Name:	Permit No.
CARL HUMPHRIES INC	744
Address: P.O. BOX 514	Phone: (405)373-3678
City: PIEDMONT / State: OK	Zip: 73078

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	Date	Name and Title Typed or Printed
Traci Cornish	3-21-17	TRACI CORNISH, SR ENG TECH

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	Field Inspector
Ben Ice	Mark Huber

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