Instructions	OKLAHOMA CORPORATION COMMISSION	702(1950	<u>4</u> 0		Form 1073 Rev. 1996
A. Please type or print using black ink.	Oil & Gas Conservation Division			5280	. #	
B. Form must be signed by former operator and new operator.	Post Office Box 52000-2000	r		52.00	-	<u> </u>
C. Outline boundaries of lease and spot well being transferred.	Oklahoma City, OK 73152-2000	2310				
D. Attach 1002A for well.		2010	. 🍎 👘 🕄		•	
E. Questions should be directed to Well Records (405) 521-2275.	Transfer of Operator OAC 165:10-1-15	1650				
API No. 003-30765 OTC Prod. U		990	· · ·		:	
Location Sec. N-1/2 1/4 NW1/4 1/4 1/4	17 J3N Rge 11W	330'				
FIFSL of Qtr Sec FIFWL of Qtr Sec	County HIFOIF 9	2310'	ļ		- +	
Current Well Name/No. N: abtonaalo	# 2	1650			:	
Original Well Name/No. Nightengale	Ame	990'				
Unit Name (if applicable)	+ <i>m</i> .e		- + +		,	· ·
		330'		icate Well Or	Cold Aba	
Well Class Dil Gas Dry Plugged						
Producing formation(s) Miss. Lim Oil Transporter/Purchaser Sun Refining Gas Measurer C. D. M. C. C. C. D. M.	ng & MKT.		OTC No.	09 0 1 01	83 1 69	15234
Gas Measurer GPM GAS Corf)	<u> </u>	1	181	01	
The effective date of transfer of this well for the purposes of C	ommission records, is the date the transfer is ap NEW OPERATOR	proved by the	Commission	I.		
CURRENT OPERATOR Name Scoggins Production Co. Address Ct. Box MS City Cleo Springs State OK	Nama	Product 1	Boy State	, Ine × 1		120114

MO9650640

Proge No 5 438 24716 405 438 2422	Phone No. 405 438 2476 FAX No. 405 438 2477 Being the new operator, as of the effective date and time of transfer accept the facts
I verify that I am the legal operator of record with authority to transfer operatorship of this	presented as being true and correct and accept the operational responsibility for the well
well	
Evalyn Siggin	Evalyn Sec of gins
Signature	Signature
Evelyn Scoggius SecTres	Evalyn Scoggins Sec Treas
Name & Title (Typed or Printed)	Name & the (Typed or Pringer
Signed and swom to before me this 27^{2} day of 27^{2}	Signed and sworn to before me this 29^{-1} day of 97
Signed and show the west	Julie ann Stran
Notary Rublic	Notary Public
	My commission expires: $2 - 2 - 7^{\vee} - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - $
My commission expires: 2 2 2 2 2 0 0 0	

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.

		Signature	
Signed and sworn to before me this day of			
	FEB 0 4 1997	Notary Public	
My commission expires:	JAN 3 0 1997	1	FEB 13 1997
FOR OCC USE ONLY Surety Dept. Approved Rejected Date		Well Records Dept. Approved Rejected	Date WDMS
NOTE: By processing this Form 1073, the Oklahoma (Corporation Commission has app	proved the contents thereof as to form only. Oklahoma Corp	poration Commission does not

NOTE: By processing this Form 1073, the Oklahoma Corporation Cor warrant that the facts provided by the operator are true Form is not approved until approved by Well Records.

Instructions	OKLAHOMA CORPORATION COMMISSION	260	648				Form 1073
A. Please type or print using black ink							Rev 1996
B. Form must be signed by former operator and new operator.	Post Office Box 52000-2000				52	80 ft	
C. Outline boundaries of lease and spot well being transferred.	Oklahoma City, OK 73152-2000					1	
D. Attach 1002A for well		2310					
E. Questions should be directed to Well Records (405) 521-2275.	Transfer of Operator	[-				
	OAC 165:10-1-15	1650					
API No. 003-20765 OTC Prod. U	003-66005	990'					
Location	17 23 N Rge. 11 W	330'					
Ft FSL of Qtr Sec Ft FWL of Qtr Sec	County AIFa/Fa	2310'					
Current Well Name/No. Nightenga	le #2	1650					
Original Well Name/No. Nightenga	e	990'					
Unit Name (if applicable)							
		330'			-	·	
	DEC 2 9 1997			Loc	ate Well	On Grid Above	
		ATION					
Producing formation(s)			•				
011 Transporter (Burghanar	COMMI22ION		OTC N				
Producing formation(s) Miss. Li Oil Transporter/Purchaser Sun Ref:	ning YMK+			U.	15	234	
Gas Measurer GPM GAS	Corp		OTC N	o.	87	89	

The effective date of transfer of this well for the purposes of Commission records, is the date the transfer is approved by the Commission.

CURRENT OPERATOR	NEW OPERATOR
Name Scoggins Production Inc 20114 Address Rt. 1 Box 75	Name Scoggins Induction Co 14075 Address Rt. 1 Box 75
City Cleb Springs State CK 73729 Phone No. FAX No. 580 438 2476 580 438 2477	City Cleo Springs State OK Zip 73729 Phone No. 580 4382476 580 4382477
I verify that I am the legal operator of record with authority to transfer operatorship of this well well Signature	Being the new operator, as of the effective date and time of transfer accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property. Signature
Evelyn Scoggins SecTrees	Evalua Secoggins SecTreas Name & Title (Typed or Printed)
Signed and sworn to before me this <u>19⁻¹¹</u> day of <u>Nov 1997</u> . Notary Public	Signed and sworn to before me this <u>/9thday of</u> <u>No. /997</u> <u>Notary Public</u>
My commission expires: $\sqrt{-27-0.000}$	My commission expires $\sqrt{-27.2600}$

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.

		Signature	
Signed and sworn to before me this day of	<u> </u>	<u> </u>	
My commission expires:		Notary Public	FEB 0 9 1998
FOR OCC USE ONLY Surety Dept. Approved Rejected Date	DEC 29 1997	Well Records Dept. Approved Rejected	Date WDMS

NOTE: By processing this Form 1073, the Oklahoma Corporation Commission has approved the contents thereof as to form only. Oklahoma Corporation Commission does not warrant that the facts provided by the operator are true. Form is not approved until approved by Well Records.

				N87		
Form No. Rev. (19	985)	NOTICE OF TRANSFE OKLAHOMA CORPO Oil & Gas Cons	RATION COM	UWNERSHIP	G- 24-80	8
API Nur	nber 003 20765	Room 219, Jim Oklahoma City (Rule 3-309-Disposal or (Rule 3-201.1)	1 Thorpe Bu 7, Oklahoma Enhanced Rec	ilding 73105 covery Inj. WDD514		
I. A. C	lassification of well (transferred: Disposal Wel Enhanced Rec		011 Well XX Well Gas Well		
B. 0	klahoma Tax Comm. Produ	uction Unit Number 003-660)05		<u>↓</u>	╾╁╾┽╼┥
C. E	ffective date of trans	fer <u>7-1-87</u>	Well Name and	i No. <u>Nightengale #2</u>		-+-+-1
D. We	ell location	<u> - C </u>	<u>łz</u> N	W 4	Locate Well Co	orrectly
C	ounty <u>Alfalfa</u>	Sect. <u>17</u>	[wp23N	_Range11W	And Outline	Lease
* E. P:	roducing Formation(s)_	Mississippi Lime	- <u></u>		R III III	
F. 0;	rder No. authorizing I	jectionn/a	Date		WA CUNTO	
G. Z	one injected into:	n/a			00 1 00	=
II. A.		B. If new or different Pu		C.	ERNATION A	
Product		indicate with an aster		Purchaser O.T.C.	TIO	Į
Code	Type of Production	Purchaser's Nar	<u>me(s)</u>	Reporting Number	Effective Date	-
XX 1	011	Sun Oil Company		02110	7-1-87	4
2	Condensate	/		- -	<u> </u>	4
XX 3	Casinghead	Phillips 66 Natural Gas	<u>3 Co.</u>	15094	7-1-87	-
4	Natural Gas		_	<u> </u>	<u> </u>	-{
5	Natural Gas Liquids		<u> </u>	<u> </u>	<u> </u>	4
III. A. Nam	Austin Production Co me of former Operator	mpany <u>405–382</u> –2600 Phone		coggins Production Comp f new Operator	pany <u>405–438–</u> 24 - Phone	76
	0. Box 1240			Rt. 1, Box 75		60
Ad	dress		Address		γ	v781
CI		lahoma 74868 State Zip	Clei City	r Springs Okla	ahoma 73729 State Zip	91 °
	C/OCC Operator No.	00102		C Operator No 1403	-	· · · · · ·
~.			The second se		7-21-87	DOU
<u>X</u>	gnature	<u>UN 7-20-87</u> Date	Signati	- Seogens	Date	(J-8V
51	7	Owner		s. + Ouner		
Nat	me and Title			nd Title		

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0.C.C. FORM 1073

DETAILED INSTRUCTIONS

The former operator shall send this form in triplicate to address listed on front of form for each oil well, gas well, disposal well or enhanced recovery injection well.

I. A. Check appropriate box. (If well in question is for transferring ownership in a disposal or injection well, do not complete Part II.)

- B. Provide O.T.C. Number previously assigned by the Gross Production Division of the Okla. Tax Commission.
- C. Provide effective date of change of ownership.
- D. Provide complete legal description and county.
- E. Provide producing formations involved.

(Outline the lease and spot the well location on the section grid in the upper right hand corner of this form.)

- II. A. Check appropriate product code for type of production.
 - B. Provide name of purchaser for each type of production. If a <u>new or additional</u> purchaser, please indicate with an "X" or asterisk in the right column.
 - C. Provide purchaser's reporting number.
 - D. Provide date the change, being made, is to become effective.
- III. A. Provide former operator name, phone number, address, O.T.C. Operator No., date, signature and title.
 - B. Provide new operator name, phone number, address, O.T.C. Operator No., date signature and title.

FOR O.C.C. USE ONLY	FOR O C.C. USE ONLY
It is acknowledged by the Okla. Corp. Commission	Approved Date Rejected Date
that	
is the new operator of the above-named well and may:	Surety Department 1327
1. Continue to inject fluids as authorized by	Oil Production Dept.
Order Number	Gas Production Dept.
2. Not inject fluids until after Notice, Hearing	Well Records
and Approval by the Commission.	1
	*
Signature Date	· · · · · · · · · · · · · · · · · · ·

Rev. 1978 00 3300 2	OKLA	HOMA C	ORPORAT S CONSERV	ION COMM	VISION	003-66 otc cour	005	COMPLETI	ON & TEST DATA 1	BY PRODUCING FORMATI	ION 3	
êdê Acîvî N		COUNTY	<u>lfalfa</u>	SEC	., TWP.23N	RGE	11W	FORMATION	<u> </u>	Upper Miss.	Lower M	.ss.
	1100	OFFICE	OPERATING	oduction	<u>1 Co.P.C</u>	Box 1	240	SPACING & SPACING ORDER NO	149492			
			eminole Me NIGHTE					CLASSIFICATION				
• +++Q	╺╾┼╾┼╌┥╒	DRILLING	STARTED	-1.2 19-6 61	ULLING FIN	изнер 8=2	9,80 🥣	(Oil, Gas, Dry, Inj. Well)	011	02054		
			FIRST PROD				24-80			6716	7023	(44 shot
		F	t. North	Pt.	East from	1/4 sect;	ion lines	PERFORATED	·······	7105	7265	<u>(50 sh</u> ot
LOCATE WELL CO AND OUTLINE	NANECTLY Lease		on Derric					INTERVALS				
TYPE COMPLETI	ON			•	-	• •• •	•	INITIAL TEST DATA				
Single Zone			14949					Date				
Multiple Zone Commingled				No	•			Duration-Hours				
VOLIME INGE CO				-		Penalty _		Oil-bbl./day	50/day			
LOCATION EXC	EPTION		Order	No	1	enaity .	<u></u>	Oil Gravity	34.9			
		OIL O	R GAS ZONE	s				Gas-Cu. Ft./day	50 MCF/D			
	•	From	To	Nam	e	From	To	Gas-Oil Ratio Cu. Ft./Bbl				
Mississipp	;							Water-Bbl./day	<u></u>		_	
O	±							Pumping or flowing	Pumping			
0												
		CAS	ING & CEME	INT								
	Casing Se	t	Csg	Test		ement		-				
Size Wgt	. Orad	e Pe	et F	281	Sax	Fillup	TOP	_				
<u>5¹</u> <u>1</u> 7	<u>#- N-80</u>) 735	<u>59'</u>		150_1 +			A record of the format	ions drilled the	rough is presented o	on the rever	5 e
					200 reg	3.			(OVER)			
								I, the undersigned, bei and complete according to th	ng first duly sworn u tecords of this off	pon oath, state that this y	vell record is tr	ue, correc'
<u> </u>				<u> </u>						Kimin	and	n/
PACKERS SET	C					•		TELEPHONE. (405_) 38	2 - 2600	- Nome and title of	representative	el compony
Depth		7055 '					<u></u>	Subscribed and swom before	me this 24th.dey	•:February		81
Make		ker -B			•		<u></u>	My Commission expiresN	ov. 14. 1981	Anes le	, Shul	da .
				(OYER)							No No	tory Public



(RULE 3-205) FORMATION RECORD

02054

Give formation names and tops, if available, or descriptions and thickness of 'formations drilled through.

, Formation	Top	Battom	Formation	Тор	Bottom
Red Bed, Lime & Amhydrite	0	2400			
Lime & Shále	2400	3000			
Sand, Dolehmite & Shale	3000	3500			
Lime, Shale Sand	3500	3800			
Line Shale	3800	4000			
Shale	4000	4300			
Shale and Sand	4300	4650			
Lime, Shale and Sand	4650	5000		1	
Lime and Shale -	5000	5350		ļ	
Shale	5350	5600			
Sand and Lime	5600	5750		ļ	
Shale and Sand	5750	5850		[
Shale	5850	5950			
Shale and Line	5950	6100			
Lime, Sand and Shale	6100	6600	·		
Line and Sand	6600	6700	Ĩ	R	
Lime (Mıssissippı)	6700	7200	0,	2 TT	
Shale	7200	7350 TI	ALA F	SO	
			OKLAHOMA CORPORT	CELV.	
			JAN C		
			USS 19		h
			NON-		-
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FILE ORIGINAL ONLY PEC. 2002 PLASE TYPE OF USE BLACK INK OKLAHOMA CORPORATION COMMISSION BATCH NUMBER (COC USE CALV) 1 (TOCOCO ORPATION NUMBER OKLAHOMA CORPORATION COMMISSION BATCH NUMBER (COC USE CALV) 1 (TOCOCO ORPATION NUMBER USE LACK INK OKLAHOMA CORPORATION COMMISSION BATCH NUMBER (COC USE CALV) 1 (TOCOCO ORPATION NUMBER USE AGAS CONSERVATION DIVISION BATCH NUMBER (COC USE CALV) USE (S 2 (S 2) (S 2
14075 JIM THORPE BUILDING P.O. BOX 52000 OKLAHOMA CITY, OK 73152-2000 (RULE 165:10-3-1) 07200200 3. NOTICE OF INTEDUTO: NOTE ATTACHORY OF 1002AF RECOMPLETE NOTE ATTACHORY OF 1002AF RECOMPLETE NOTE ATTACHORY OF 1002AF RECOMPLETION OR RENTRY. AMEND - REASON 6. LOCATE WELL AND OUTLINE LEASE OR SPACING UNIT IN INK. 4. TYPE OF DBILLING OPERATION INJECTION INJECTION OF 1002AF RECOMPLETE NOTE ATTACHORY OF 1002AF RECOMPLETION OR RENTRY. 6. LOCATE WELL AND OUTLINE LEASE OR SPACING UNIT IN INK. 5. WELL LOCATION: INJECTION DISPOSAL WATER SUPPLY South LINE WATER SUPPLY 5. WELL LOCATION: Exertificational or horizontal, see reverse site for bottom hole location) 1000000000000000000000000000000000000
2 API NUMBER 2010 0 3- ED COL 0 3- ED COL
0.000 0.000 <td< td=""></td<>
DRILL RECOMPLETE RECIPTER DEEPEN AMEND - REASON
A. TYPE OF DIALLING OPERATION >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
$\frac{1}{2} \frac{\text{STRAIGHT HOLE}}{\text{OLUGAS}} \underbrace{\text{DIRECTIONAL HOLE}}{\text{INJECTION}} \underbrace{\text{DIRECTIONAL HOLE}}{\text{DISPOSAL}} \underbrace{\text{WATER SUPPLY}}{\text{WATER SUPPLY}}$ $\frac{1}{2} \underbrace{\text{Straight HOLE}}{\text{SECTION}} \underbrace{\text{INJECTION}}{\text{INJECTION}} \underbrace{\text{DISPOSAL}}{\text{INJECTION}} \underbrace{\text{WATER SUPPLY}}{\text{WATER SUPPLY}}$ $\frac{1}{2} \underbrace{\text{Straight HOLE}}{\text{SECTION}} \underbrace{\text{RANGE}}{\text{MANSHIP}} \underbrace{\text{RANGE}}{\text{RANGE}} \underbrace{\text{COUNTY}}{\text{AJN}} \underbrace{\text{FEET FROMOUNTER}}{\text{MANSHIP}} \underbrace{\text{WATER SUPPLY}}{\text{MANSHIP}} \underbrace{\text{RANGE}}{\text{MANSE}} \underbrace{\text{COUNTY}}{\text{AJN}} \underbrace{\text{FEET FROMOUNTER}}{\text{MANSHIP}} \underbrace{\text{Mans}}{\text{MANSE}} \underbrace{\text{COUNTY}}{\text{MANSHIP}} \underbrace{\text{RANGE}}{\text{MANSE}} \underbrace{\text{COUNTY}}{\text{MANSHIP}} \underbrace{\text{RANGE}}{\text{MANSE}} \underbrace{\text{COUNTY}}{\text{MANSHIP}} \underbrace{\text{RANGE}}{\text{MANSE}} \underbrace{\text{MANSE}}{\text{MANSE}} \underbrace{\text{MANSE}} \underbrace{\text{MANSE}}{\text{MANSE}} \underbrace{\text{MANSE}} \underbrace{\text{MANSE}} \underbrace{\text{MANSE}} \underbrace{\text{MANSE}}{\text{MANSE}} \underbrace{\text{MANSE}} \text{$
5. WELL LOCATION: SECTION TOWNSHIP RANCE COUNTY A FRANCE IN A FR
SEDUCION TOWNSHIP RANGE COUNTY A FALFA IN THE SOUTH LINE SOUTH LIN
$\frac{7}{23N} + \frac{23N}{14} + \frac{7}{14} + \frac{7}{1$
7. Well will be <u>(p k0</u> feet from nearest unit or property boundary. 8. LEASE NAMER <u>N 1 G A PEN G GLE</u> 9. NAME OF OPERATOR 9. NAME OF OPERATOR <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDRESS</u> <u>ADDR</u>
7. Well will be (2) feet from nearest unit or property boundary. 8. LEASE NAMER N 16 A PEN aale 9. NAME OF OPERATOR: 9. NAME OF OPERATOR: 9. NAME OF OPERATOR: 90 SC 099 10 5 Production M Co. ADDRESS A. A. BOX 75 580 - 438 - 2476 0. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE ONLY ATAUCH SHEET FOR ADDITIONAL OWNERS), CO. 10. SURFACE OWNER (ONE OWNERS), CO. 10. SURFACE OWNERS), CO. 10. SURFACE OWNER (ONE OWNE
$14 \text{ $
$\frac{5 \text{ COGG} \text{ in S} FOGUCTION LOSAL COMPONENT OF STATE STAT$
ADDRESS ADDRESS BOX 7.5 PHONE (ACMUMBER) CITY BOX 7.5 580-438-2476 CITY STATE 21P CODE CITY OK 73729 19. SURFACE OWNER (ONE ONLY AFFACH SHEET FOR ADDITIONAL OWNERS) 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
$\frac{(120 > P_{G_3})}{19. SURFACE OWNER (ONE ONLY AT JUDY 16 ADDITIONAL OWNERS)}$
Takin Nichtehanle
Rikiz BOX 38 580 227- 3/46 Y VN
$\begin{array}{c} \text{CITY}_{\text{Fair VIPW}} \\ \text{Fair VIPW} \\ \text{Fair VIPW} \\ \text{OK} \\ \text{T3737} \\ \text{Will surface water be used?} \\ \text{Will surface water be used?} \\ \text{Y} \\ \text{V} \\ \text{N} \\ \text{Will surface water be used?} \\ \text{Y} \\ \text{V} \\ \text{N} \\ \text{N} \\ \text{V} \\ States of the set of the s$
14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)
1) OSW406/30-6250 6) 404 OSW6
3) FADLA 6430-6450 8) 404 INOL
$\frac{4)}{5} \frac{10}{10} \frac{40 - 6600}{10} = \frac{9}{354 \text{ MNNG}} = \frac{10}{5}$
05WG, MNNG 149492180 VROG, INOL 149724180
16. PENDING APPLICATION C.D. NO. 17. LUCATION DATER NO. TR. INCREASED DENSITY ORDER NO.
19. TOTAL DEPTH 20. GROUND ELEV. 21. BASE OF TREATABLE WATER 22. SURFACE CASING 23. ALT CASING PROG USED?
A. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31.)
B: Cement will be circulated from depth to depth by use of a two stage cementing tool. 5.1. PIT INFORMATION: Using more than one pit or mud system? Y N If yes, fill out line 25.2 on top reverse side.
W/ CA. TYPE OF MUD SYSTEM: WATER BASED OIL BASED GAS BASED (AIR DRILL)
If (1) B. EXPECTED MUD CHLORIDE CONTENT: maximum: ppm; average: ppm. IT #1 C. TYPE OF PIT SYSTEM: on-site; off-site closed; If off-site, specify location:
, IS DEPTH TO TOP OF GROUND WATER GREATER THAN 10 FT BELOW BASE OF PIT?YN YNNN
WELLHEAD PROTECTION AREA? Y X N 55.1 A. CATEGORY 1A 1B 2 3 4 C
CC USE ONLY B. PIT LOCATION: Aluvial Plain/Terrace Deposit Bedrock Aquifer Other H.S.A. Non-H.S.A. Fm: IC V A. C. Special area or field rule? D. DEEP SCA? Y N Yield >50 E. CBL required? Y N
F. SOIL or GEOMEMBRANE LINER REQUIRED? Y N 20 mil GEOMEMBRANE LINER REQUIRED? Y N
In the property of the provide state of t
1 B. Solidification of pit contents.
Come time land application (REQUIRES PERMIT) PERMIT NO E. Haul to Commercial pit facility; Specify site:
F. Haul to Commercial soil farming facility: Specify site: G. Haul to recycling/re-use facility: Specify site:
H. Other, Specify:
I hereby certify I am authorized to submit this two page application prepared by me or under my supervision.
The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.
DICE Approval is void if operations have not commenced within six months of the dails of approval. An approved permit must be posted at the location during drilling and completion operations.
CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION

L PIT INFORMATION:			<u></u>													
A. TYPE OF MUD SYS B. EXPECTED MUD C		WATER BASED NTENT: maximum	OIL BA	SED GAS BASED (All ppm; average:	R DRILL) ppm.											
#2 C. TYPE OF PIT SYST		on-site;	off-site	closed; if of	ff-site, specify location:	. <u> </u>										
D. IS DEPTH TO TOP E. WITHIN 1 MILE OF 1			AN 10 FT BELOW BA Y	N Y	N	Off-Si	ite Pit No									
F. WELLHEAD PROTE			Y	N		00	40 T K 190	•						<u> </u>		
	ATEGORY	1A 1B 2	3 4 C	Fm:			28. Lo	cate B	ottom H	ole						
B. PIT LOCATION: C. Special area or field rule?	_Alluvial Plai	NTerrace Deposit	Bedrock Aquit	ferOther H.S.A. D. DEEP SCA? Y	Non-H.S.A. N Yield >50		I			5280				I		1
E. SOIL or GEOMEMBRANE		JIRED? Y		GEOMEMBRANE LINER REQUIRE		2310		1	<u> </u>					1		
Bottom Hole Location	SEC	TWP	RGE C	COUNTY										_		
for Directional Hole: DT LOCATION:			FEET FROM QUARTER	from SOUTHLINE from	WEST LINE	1650										
1/4 1/4		1/4 1/4	SECTION LINES:			990										
isured Total Depth		True Vertical Depth		BHL from Lease, Unit, Or Pro	perty Line:					<u> </u> _				_		
Bottom Hole Location for Horizon	nist Hole: (Di	AINHOLES)				330									ប	
IN HOLE #1: SEC	TWP	RGE	COUNTY			2310			$\neg \uparrow$						N	e
OT LOCATION:			FEET FROM QUARTER	from SOUTH LINE from	WEST LINE	1	l							- : 1		
1/4 1/4 th of Deviation	Radius of Te	<u>1/4 1/4</u>	SECTION LINES: Directio		Total Length	1650										
				•	Total Longa	990										
isured Total Depth		True Vertical Depth		End Point location from lease,	unit									-		
VIN HOLE #2: SEC	TWP	RGE	COUNTY	or property line;		330								1		
T LOCATION:			FEET FROM QUARTER	from SOUTH LINE from	WESTLINE	1'	8	15 OCE	 B	2640	8	ź	199	<u></u>		
1/4 1/4		1/4 1/4	SECTION LINES:				0		6	•	0	•	0	•		
th of Deviation	Radius of Tu	m	Direction	n	Total Length							ed, atta	ich sep	arate she	et	
sured Total Depth	l	True Vertical Depth		End Point location from lease,			-		cessary e stated			imuth.				
				or property line:	TIM					-			nd point	must be	located	
AFFIDAVIT FOR ALTERNATIV				on front of this form attests to	this affidavit)			-					-	. Directi	onal	1
1. This well WiLl 2. During the drilling of th			-	ost circulation zones. mile WILL	WILL NOT exceed 50 g		•	•	ired for a	all drair	holes a	and dire	ctional	Nelis.		
3. The projected depth of		IS IS NO		0 feet from the top of any enh		-										1
				concerning some water wells may				SOURC	ES BOAI	RD, 2800	N. Clas	sen Blvd	•			
Oklahoma City, OK 731 Name of Owner/Operator	18). IF NO		UND SO STATE: ess of Owner/Operat	•	TIONAL SHEET IF NEC						De	anact nr	oducing	interval		
			in our officinopera		Location picta	601 114						past p.				
							<u> </u>					•		• • • • •		
			······													
	· · · · ·															
				100 feet below the base of the						preca	itions to	be tak	en.			
6. If casing depth is more	than 250 fe	eet deeper than base	of the treatable w	100 feet below the base of t ater-bearing formation, opera	ator must submit a letter o				ons and				en.			
6. If casing depth is more ENT TO DRILL CHECKLIS	than 250 fe T	eet deeper than base OCC		ater-bearing formation, opera	ator must submit a letter o	of requ	est listir	ng reas	ons and	CC US		<i>.</i>				-
6. If casing depth is more ENT TO DRILL CHECKLIS	than 250 fe	eet deeper than base OCC REJECTED	of the treatable w		ator must submit a letter o	of requ	est listir	ng reas	ons and	CC US		<i>.</i>				
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6. If casing depth is more ENT TO DRILL CHECKLIS	than 250 fe T	eet deeper than base OCC REJECTED	of the treatable w USE ONLY 1. SURETY A. NONE filed B. EXPIRED:	rater-bearing formation, opera $\frac{1}{2}$ C Date $\frac{12-10-66}{2}$	ator must submit a letter of OCC USE ONLY 8264 DXCF. 6020	8/1	est listir	ng reas	ons and	CC US		<i>.</i>				
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PERMIT TO DRILL OTC/OCC Number: 14075-0	OKLAHOMA CORPORATION COMM	Approval Date: 07/31/2006
Notice of Intention To: RECOMPLETE Type of Drilling Operation: STRAIGHT HOLE	API Number: 003-20765 Well Type: OIL/GAS	<u>A</u> Expiration Date: 01/31/2007 Well Location: Sec: 17 Twp: 23N Rge: 11W
County: ALFALFA Spot Location: CNW4 NW4 Feet From: SOUTH 1/4 Section Line 1980 Feet Fro Lease Name: NIGHTENGALE	m: WEST 1/4 Section Line Well No: 2	Operator Name: SCOGGINS PRODUCTION COMPANY
Surface Owner Address JOHN NIGHTENGALE RR 2 BOX 38		TELEPHONE: (580) 438-2476 <u>Operator Return Address</u> <u>SCOGGINS PRODUCTION COMPANY</u> RR 1 BOX 75
FAIRVIEW OK 73737		CLEO SPRINGS OK 73729
Operation to Begin: 00/00/0000	Fresh Water Supply Well Dr	rilled: NO Surface Water used to Drill: NO
Formation Codes, Names, Depths, (Permit Valid For (1) 4040ŚWG OSWEGO /LM/ (3) 404INOL INOLA	Listed Formations Only): 6130 (2) 40 6430 (4) 35	
Spacing Order Numbers: 149492 149724		Special Orders: 313112
Pending CD Numbers: Location Exception Orders:		TotalGroundSurfaceDepth to base of TreatableDepth:ElevationCasing:Water-Bearing FM:73601320467390

This permit does not address the right of entry or settlement of surface damages. The duration of this permit is Six Months, except as otherwise provided by Rule 165: 10-3-1.

Rule 165: 10-3-4 (E) - The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.

PCN: C1170220L7 08/03/2006

ويترجي والمحادي والمحادي والمحادي والمحاد	KLAHOMA CORI	PORATION COMMISSION	01	1	27	74) (651	1		inn 1073
A. Please type or print using black ink.		Conservation Division	•		-			_	R	rv. 2009
B. Form must be signed by former operator and new operator.		Office Box 52000			γ		528	<u>09</u>		
C. Outline boundaries of lease and spot well being transferred. D. Attach 1002A for well.	Oldahoma	City, OK 73152-2000	2310		ł		{ }			
E. Direct questions to Well Records (405) 521-2275.	Transfe	r of Operator	2014		P		┼──┨			+
<u> </u>		C 165:10-1-15	1650"							
API No 003 - 4005 OTC Prod. Unit No. OC	3-64	6005	990"			{				
ll contion Con		p. Rge. 23 N // W	330"							
$\frac{1/4 \ C}{Ft FSL of} \frac{1/4 \ NW \ 1/4 \ NW \ 1/4}{Ft FWL \ of} Ft FWL \ of \ C \ F \ Sc \ G \ G \ O' \ F \ WL}$	County	1/falfa			1	\uparrow				+
Current Well Name/Number Nighten gele #	2	Tratta	23 10° 1650°			+				+
Original Well					1	+				1-1
Name/Number N/ A			990'			+	┼──┨			
(if applicable) N/H			330'							
						Loca	.te Well O	In Grid Ab	:0ve	
Producing formation(s) Miss Lime										
The effective date of transfer of is the date that the	of this well, transfer is	for the purposes of approved by the Col	Commi	issic	on re	cord	5,			
locc								loc	C No.	}
	075	NEW OPERATOR						12	25	76
Name n i i a		Name		;	2	1			11	r
Scoggins Production Co		Address R	ins , E		<u>~~</u>	<u>440</u>	<u>' 170</u>	<u>011</u>	han be	-0
City Cleo Springs OK Zip 737		<u>R</u>	<u>to 1</u>			OX to		-		{
City Cleo Springs State Zip 737	129	City Cleo Sp	ring	.5		te OX		- 7 _e	372	9
No. 5804382476 580 438 2	477	No. 580 43	824	194	FA	SS.	/E-ma ୧୦ - ଦୁ	11 138	24	77
I verify that I am the legal operator of record with auth	ord with authority to I verify that I am the legal operator of record with authority to									
transfer operatorship of this well.		transfer operators	, ·	inis v	veii.	/		•		ł
Fin Deoggin		- Eval	im		M	-4	<u>f</u>	na		[
Signature ()	~	Signature	<		e sette ser	00		ρ	4	
<u>Tim Scoggins - Owne</u> Name & Title (Typed of Printed)		Name & Title (Ty	ped or	Prin	<i>T</i> ited)) 	1 a	<i>¥ ¥ 71</i> 4	<u> </u>
Signed and sworn to before me	1	Signed and swon	-							
this 25 day of fanciary 7 20	10	this 25 day	of	a	m	na	ry	. 2	010	
DTAR PATRICIA K. FUZZELL			ð)		-O	1-	\ \	
(SEAL) Notary Publicity and for		NOTAPL	PATRI		K	UZZ	FLL/	$\frac{1}{2}$		m
State of Childhoods of The	3384/	((SEAL))	Notary		Aik.	ia an	đđog	<u></u> <u></u> <u></u>	274	
1 AUBLE 099001482Public 1		CUBLIC	Stat	000	約4	7 ₽90 29	ine .	1	\mathcal{O}	
My commission expires: <u>09-05-201</u>	<u>z</u>	My commission e	xpires:		<u> </u>	-03	1-7	101	2	
I verify under oath that I have exercised due diligence in	attempting	to locate the current o	perator	of r	ecore	 1				
according to OCC records, who has abandoned the abo										
I have attached a copy of the certified recorded assi					Ť					

Υ.

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* APPROVED COPY AVAILABLE ON OCC WEBSITE. *

1.

* APPROVED COPY AVAILABLE ON OCC WEBSITE. *	
	Signature
Signed and sworn to before me this day of	
	Notary Public
My commission expires:	FFB 18 2010
FOR OCC USE ONLY ,FEB 09 2010	
Surety Dept. Approved Rejected Date	
	ission has approved the contents thereof as to form only. Oklahoma Corporation
Commission does not warrant that the facts provided by the open	ator are true. Form is not approved until approved by Well Records.

1 of 1

OKLAHOMA CORPORATION COMMISSION Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000 Rule 165: 10-3-25

PLUGGING RECORD

OAC 165:10-1-10

WELL INFORMATION

Well #: 2

API No: 3500320765

Well	Name:	NIGH	ΓENGA	LE

Operator: SCOGGINS PRODUCTION LLC

Section: 17	Township: 23N	Range: 11W	Meridian: Indian
1/4:	1/4:	CNW4 1/4:	NW4 1/4:
Total Depth: 0	Base of Tre	atable: Water: 0	Well Classification: OIL

CONTACT INFORMATION

Contact Name: Tim Scoggins	
Address 1: 2987 HIGHWAY 8	

State: OK

City: CLEO SPRINGS

Email Address:

PIPE RECORDS

String Name	Size	Run	Pulled	From Depth	To Depth
SURFACE	8.625	420	0	6716	7105
PRODUCTION	5.5	7359	3007	7023	7265

Zipcode: 73729-6011

PLUGS

Plug Type	Hole Size	Depth	No. Sacks of Cement	Slurry Volume	Calculated TOC	Top of Plug
CIBP	5.5	6000	2	20	5980	5980
CEM	8.625	520	160	5220	4	4

Remarks:

Reason For Plugging: UNECONOMICAL

CEMENTER CERTIFICATION INFORMATION

Name:	Title:		
	QUALITY COMPLETIONS O ARKANSAS, LLC DBA DOS		Permit No: 881
Address 1:			Address 2:
City:	State:	Zipcode:	Phone: (405) 853-7170

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

Electronic Signature: SCOGGINS PRODUCTION LLC

Telephone:

Operator #: 22576

Address 2:

Fax:

Country:

PERFORATION DEPTHS

From Depth	To Depth
6716	7105
7023	7265

Plug Date: November 21, 2014

FIELD SUPERVISORS WELL REPORT

Oklahoma Corporation Commission Oil & Gas Conservation Division

WELL INFORMA	TION				
API No:	350032076	65	P	lugging Date:	Nov 21, 2014
Well Name:	NIGHTEN	GALE		Well #:	2
Operator:	SCOGGIN	S PRODUCTION	LLC	Operator #:	22576
Section:	17	Township: 23N	Range: 11W	Meridian:	INDIAN
			CNW4	NW4	County: ALFALFA
Total Depti	n: 7359	Base of Trea	table Water: 370) Wel	I Classification: OIL
				Lat: 3	6.475871
CONTACT INFO	RMATION			Long: -	98.40629
Contact Na	me: Tim So	coggins			
Stro	eet: RR 1 E	BOX 75		POI	Box:
С	ity: CLEO	SPRINGS	State: OK	Zipcode: 7372	9-9732

CASING RECORDS

String Name	Size	Run	Pulled
Production	5.5	7359	3007
Surface	8.625	420	0

PLUGS

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Plug Type	Hole Size	Depth	No. of Sacks	Slurry Volume	Calculated TOC	Top of Plug
CIBP		6000	2			5990
Blk Cmt	7.875	520	160			4

Remarks:

CEMENTER INFORMATION

Name:					
Company Name: Q	uality Completions of A	rkansas, LLC [DBA Dosco, LLC	Permit No:	881
Street: 40	00 W. Jack Choate Hwy	y	PO Box : 6	98	
City: He	ennessey	State: OK	Zipcode: 73742	Phone:	(405) 853-7170

OCC Representative Signature: GREG SHEIK

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	003C 2011			
API NO. 003-20765				DEC OF	4 2014	_₩		–	┼──┤		
	OTC PROD. UNIT NO.										
N/A PLUGGING DATE		4	OKLAHOMA						ŢŢŢ		
	November 21, 2014			OAC 165:10-11-7 OKLAHOMA CORPORATION COMMIS KINGFISHER OFFICE		ROFFICE			+	+	
Well Name									_	┿─┥	
Location	ITENGALE #2			<u> </u>							
	N-NW		Sec 17	Twp 23N	Rge 11W	F			1		
1	1980 Ft FSL of 1/4	Sec 66) Ft FWL of 1/4 Sec	County ALFAL	FA	- 1 H		<u> </u>	+	+	
Total Dept	ħ	Base of Treata	le Water Well Classificatio		n				+	+	
7360	/		350'		OIL						
OPERATO	DR							22576			
Name SCO	GGINS PRODUCTI	ON, LLC.					TC/OCC No	. 22370			
Address						P	hone	80-438-2476			
296/ City	HIWAY 8		·	State		z		080-438-2476			
	CLEO SPRINGS				OKLAHOMA	l	73729		,		
PIPE REC	ORD	Size	Run (ft)	Pull	led (ft)	ل منبع	PERFORAT	ION DEPTHS			
					Conductor						
	-				- 0.4	Set 1	From 6	5716	То	7105'	
]	8 5/8"	420'	o	Surface						
					I.C.	Set 2-	From 7	7023'	To	7265'	
					I.C.						
,						Set 3-	From		To		
		5 1/2*	7359'	3007'	P.C.						
					Lnr.	Set 4-	From		То		
Plug	Type of Plug	Hole Size or	Depth	No. Sacks	Slurry	Calculated		Measured Top of	Plug		
		Pipe Size		Cement	Volume	TOC		If Tagged			
	CIBP	5 1/2"	6000'	2sx	20'	5980'		5980'			
2									-		
3	CEM	7 7/8" 8 5	5/8"520'	160sx520'		4'		4'			
						·					
4				1							
5											
	s						,				
REMARK											
									,		
REMARK Reason fo	or Plugging ER CERTIFICATION										
Reason fo	or Plugging ER CERTIFICATION at the cement plugs		as shown on this report, per	O.C.C. instructions.	The cementing was p	erformed by me c	r under my c	lirect supervision			
Reason fo	or Plugging ER CERTIFICATION at the cement plugs cementing data is tru	were placed in this well a	Date	Name and Title Ty	yped or Printed	erformed by me c	r under my c	lirect supervision			
Reason for CEMENTI I certify that certify all c	or Plugging ER CERTIFICATION at the cement plugs cementing data is tru Rutto	were placed in this well a			yped or Printed	erformed by me c		lirect supervision Permit No.	. 1		
REMARK Reason for CEMENTI I certify the certify all of Signature Company QUA	or Plugging ER CERTIFICATION at the cement plugs cementing data is tru Marme	were placed in this well a	Date 11/21/14	Name and Title Ty	yped or Printed	erformed by me c		Permit No. 881	1		
REMARK Reason for CEMENTI I certify the certify all of Signature Company QUA Address	or Plugging ER CERTIFICATION at the cement plugs cementing data is tru Marme	were placed in this well a te, correct and complete	Date 11/21/14	Name and Title Ty	yped or Printed	erformed by me c		Permit No.			
REMARK Reason for CEMENTI I certify the certify all of Signature Company QUA Address PO I City	or Plugging ER CERTIFICATION at the cement plugs cementing data is tru Marme ALITY COMPLETION BOX 698	were placed in this well a te, correct and complete	Date 11/21/14	Name and Title Ty	yped or Printed PRESIDENT	erformed by me c		Permit No. 881 Phone 405-853 Zip			
REMARK Reason for CEMENTI I certify the certify all of Signature Company QUA Address PO I City HEN	or Plugging ER CERTIFICATION at the cement plugs cementing data is tru Name ALITY COMPLETION	were placed in this well a le, correct and complete.	Date 11/21/14	Name and Title Ty	pped or Printed PRESIDENT	erformed by me c		Permit No. 881 Phone 405-853			
REMARK Reason for CEMENTI I certify the certify all of Signature Company QUA Address PO I City HEN OPERATI	or Plugging ER CERTIFICATION at the cement plugs cementing data is true Marrie Name	were placed in this well a re, correct and complete. WS OF ARKANSAS, LLC Poration Commission ru	Date 11/21/14 d/b/a DOSCO, LLC.	Name and Title Ty BUTCH DUNKIN,	yped or Printed PRESIDENT State OK that I have knowledge	e of the well data a	and informati	Permit No. 881 Phone 405-853 Zip 73742	9-7170		
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REMARK Reason for CEMENTI I certify that certify all of Signature Company QUA Address PO I City HEN OPERATO I declare u and that d Signature	or Plugging ER CERTIFICATION at the cement plugs comenting data is tru Name ALITY COMPLETION BOX 698 INESSEY OR CERTIFICATION UNESSEY OR CERTIFICATION Data and facts present Swalyw	were placed in this well a le, correct and complete. WWW NS OF ARKANSAS, LLC Poration Commission ru ted are ture, correct, an Scorper	Date 11/21/14 d/b/a DOSCO, LLC. e, that I am authorized to m d complete to the best of m	Name and Title Ty BUTCH DUNKIN, nake this certification, y knowledge. This co , Name and Title Ty	yped or Printed PRESIDENT State OK that I have knowledge wers all well data and yped or Printed	of the well data a information prese	and informati nted herein.	Permit No. 881 Phone 405-853 Zip 73742 ion presented he	9-7170 rein,		
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