

Instructions

- Please type or print using black ink.
- Form must be signed by former operator and new operator.
- Outline boundaries of lease and spot well being transferred.
- Attach 1002A for well.
- Questions should be directed to Well Records (405) 521-2275.

OKLAHOMA CORPORATION COMMISSION

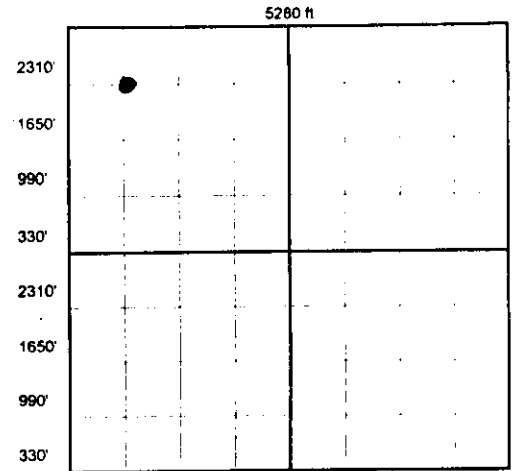
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, OK 73152-2000

702070010

Form 1073
Rev. 1996

Transfer of Operator
OAC 165.10-1-15

API No. 003-30765	OTC Prod. Unit No. 003-66005
Location N-1/2 1/4 NW 1/4	Sec. 17 Twp. 23 N Rge. 11 W
Fl FSL of Qtr Sec	Fl FWL of Qtr Sec
County Adair	County Adair
Current Well Name/No. Nightengale #2	
Original Well Name/No. Same	
Unit Name (if applicable)	



Well Class: ☒ Oil ☐ Gas ☐ Dry ☐ Plugged

Producing formation(s) Miss. Lime	OTC No. 09083 15234
Oil Transporter/Purchaser Sun Refining & Mkt.	OTC No. 18789
Gas Measurer GPM GAS Corp.	

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

Name Scoggins Production Co	OCC No. 14015
Address Rt. 1 Box 75	
City Cleo Springs State OK Zip 73729	
Phone No. 405 438 2476 FAX No. 405 438 2477	
I verify that I am the legal operator of record with authority to transfer operatorship of this well.	
Signature Evelyn Scoggins	
Name & Title (Typed or Printed) Evelyn Scoggins Sec Treas	
Signed and sworn to before me this 29th day of Jan 97	
Notary Public Julie Ann Shaw	
My commission expires: 2-27-2000	

NEW OPERATOR

Name Scoggins Production Co, Inc.	OCC No. 20114
Address Rt. 1 Box 75	
City Cleo Springs State OK Zip 73729	
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 presented as being true and correct and accept the operational responsibility for the well on the described property.	
Signature Evelyn Scoggins	
Name & Title (Typed or Printed) Evelyn Scoggins Sec Treas	
Signed and sworn to before me this 29th day of Jan 97	
Notary Public Julie Ann Shaw	
My commission expires: 2-27-2000	

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 _____

My commission expires: _____

FEB 04 1997

JAN 30 1997

Notary Public

FOR OCC USE ONLY

Surety Dept. ☒ Approved ☐ Rejected Date _____

Well Records Dept. ☒ Approved ☐ Rejected Date _____

FEB 13 1997

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.

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OKLAHOMA CORPORATION COMMISSION

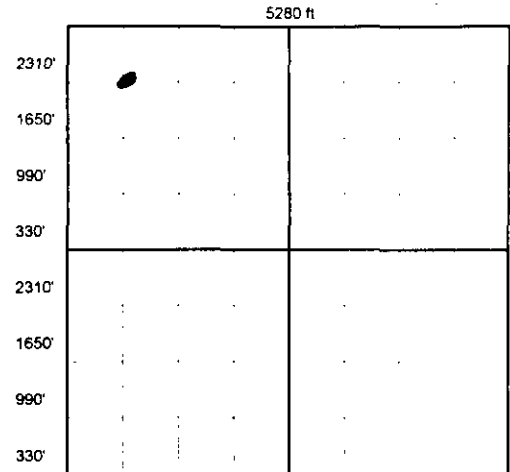
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, OK 73152-2000

712260648

Form 1073
Rev 1996

Transfer of Operator
OAC 165:10-1-15

API No. 003-20765	OTC Prod. Unit No. 003-66005
Location CNW 1/4 NW 1/4	Sec. 17 Twp. 23 N Rge. 11 W
Ft FSL of Qtr Sec	Ft FWL of Qtr Sec
County Alfalfa	
Current Well Name/No. Nightengale #2	
Original Well Name/No. Same	
Unit Name (if applicable)	



Locate Well On Grid Above

Well Class: ☒ Oil ☐ Gas ☐ Dry ☐ Plugged

DEC 29 1997

Producing formation(s) Miss. Lime	OKLAHOMA CORPORATION COMMISSION	OTC No. 15234
Oil Transporter/Purchaser Sun Refining & Mkt		OTC No. 18789
Gas Measurer GPM GAS Corp		

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

Name Scoggins Production Inc	OCC No. 20114
Address Rt. 1 Box 75	
City Cleo Springs	State OK Zip 73729
Phone No. 580 438 2476	FAX No. 580 438 2477
I verify that I am the legal operator of record with authority to transfer operatorship of this well	
Signature Evelyn Scoggins	
Name & Title (Typed or Printed) Evelyn Scoggins Sec Treas	
Signed and sworn to before me this 19th day of Nov 1997	
Notary Public Julie Ann Shaw	
My commission expires: 2-27-2000	

NEW OPERATOR

Name Scoggins Production Co	OCC No. 14075
Address Rt. 1 Box 75	
City Cleo Springs	State OK Zip 73729
Phone No. 580 438 2476	FAX No. 580 438 2477
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	
Name & Title (Typed or Printed) Evelyn Scoggins Sec Treas	
Signed and sworn to before me this 19th day of Nov 1997	
Notary Public Julie Ann Shaw	
My commission expires: 2-27-2000	

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 _____

Notary Public

My commission expires: _____

FEB 09 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.

Form No. 1073
Rev. (1985)

API Number
003 20765

NOTICE OF TRANSFER OF WELL OWNERSHIP

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Room 219, Jim Thorpe Building
Oklahoma City, Oklahoma 73105

(Rule 3-309-Disposal or Enhanced Recovery Inj. Well)
(Rule 3-201.1b-Oil or Gas Well)

I. A. Classification of well transferred: Disposal Well ☐ Oil Well ☒
Enhanced Recovery Inj. Well ☐ Gas Well ☐

B. Oklahoma Tax Comm. Production Unit Number 003-66005

C. Effective date of transfer 7-1-87 Well Name and No. Nightengale #2

D. Well location 1/4 - C 1/4 NW 1/4 NW 1/4

County Alfalfa Sect. 17 Twp 23N Range 11W

E. Producing Formation(s) Mississippi Lime

F. Order No. authorizing Injection n/a Date 7-23-87

G. Zone injected into: n/a

II. A.		B. If new or different Purchaser, indicate with an asterisk in col.		C.	D.
Product Code	Type of Production	Purchaser's Name(s)		Purchaser O.T.C. Reporting Number	Effective Date
XX	1 Oil	Sun Oil Company		02110	7-1-87
	2 Condensate				
XX	3 Casinghead	Phillips 66 Natural Gas Co.		15094	7-1-87
	4 Natural Gas				
	5 Natural Gas Liquids				

III. A. Austin Production Company 405-382-2600

Name of former Operator Phone

P. O. Box 1240

Address

Seminole Oklahoma 74868

City State Zip

OTC/OCC Operator No. 00102

X Jimmie Austin 7-20-87
Signature Date

Jimmie Austin, Owner
Name and Title

B. Scoggins Production Company 405-438-2476

Name of new Operator Phone

Rt. 1, Box 75

Address

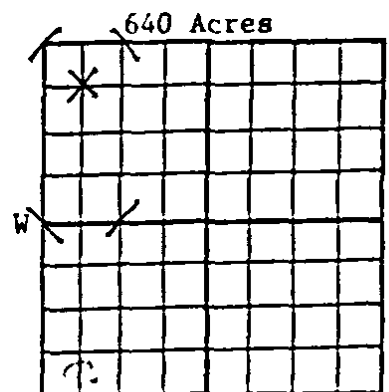
Cler Springs Oklahoma 73729

City State Zip

OTC/OCC Operator No. 14075

Jim Scoggins 7-21-87
Signature Date

Pres. & Owner
Name and Title



Locate Well Correctly
And Outline Lease

OIL & GAS CONSERVATION
COMMISSION
JUL 23 1987
OKLAHOMA CORPORATION COMMISSION

no 9/87

yes 9/87

O.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 new or additional 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

It is acknowledged by the Okla. Corp. Commission
that _____
is the new operator of the above-named well and may:
1. Continue to inject fluids as authorized by
Order Number _____.
2. Not inject fluids until after Notice, Hearing
and Approval by the Commission.

Signature

Date

FOR O C.C. USE ONLY

	<u>Approved Date</u>	<u>Rejected Date</u>
Surety Department	<u>Jan 13 1977</u>	_____
Oil Production Dept.	_____	_____
Gas Production Dept.	_____	_____
Well Records	_____	_____

Rev. 1978

OKLAHOMA CORPORATION COMMISSION

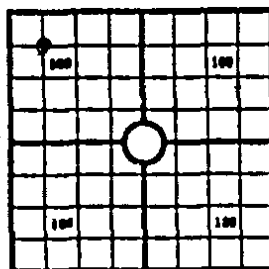
OIL AND GAS CONSERVATION DIVISION

Jim Thorpe Building — Oklahoma City, Oklahoma 73105

003-66005

OTC COUNTY

LEASE NO

COUNTY Alfalfa, SEC 17, TWP. 23N, RGE 11WCOMPANY OPERATING Jimmie Austin, d/b/a AustinOFFICE ADDRESS Production Co. P.O. Box 1240TOWN Seminole STATE Okla ZIP 74868FARM NAME NIGHTENGAL WELL NO 2E DRILLING STARTED 8-12-80 DRILLING FINISHED 8-29-80DATE OF FIRST PRODUCTION 1-7-81 COMPLETED 9-24-80WELL LOCATED C. X NW NW XLOCATE WELL CORRECTLY
AND OUTLINE LEASE

Ft. North _____ Ft. East from 1/4 section lines

Elevation Derrick Floor 1332' Ground 1320'

TYPE COMPLETION

Single Zone X

149492

Multiple Zone _____

Order No. _____

Commingled _____

Order No. _____

LOCATION EXCEPTION _____

Order No. _____ Penalty _____

OIL OR GAS ZONES

Name	From	To	Name	From	To
Mississippi					

CASING & CEMENT

Casing Set				Csg Test			Cement	
Size	Wgt.	Grade	Feet	Psi	Sax	Fillup	Top	
5 1/2"	17#	N-80	7359'		150 l. te			
					200 reg.			

PACKERS SET

Depth 7055'

Make Baker -B

(OVER)

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	1	2	3
		Upper Miss.	Lower Miss.
SPACING & SPACING ORDER NO	149492		
CLASSIFICATION (Oil, Gas, Dry, Inf. Well)	Oil	02054	
PERFORATED INTERVALS		6716 7105	7023 (44 shot) 7265 (50 shot)
INITIAL TEST DATA			
Date			
Duration-Hours			
Oil-bbl./day	50/day		
Oil Gravity	34.9		
Gas-Cu. Ft./day	50 MCF/D		
Gas-Oil Ratio Cu. Ft./Bbl			
Water-Bbl./day			
Pumping or flowing	Pumping		

A record of the formations drilled through is presented on the reverse

(OVER)

I, the undersigned, being first duly sworn upon oath, state that this well record is true, correct and complete according to the records of this office and the best of my knowledge and belief.

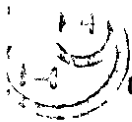
TELEPHONE. (405) 382 - 2600

Subscribed and sworn before me this 24th day of February, 1981

My Commission expires Nov. 14, 1981

Jimmie Austin
Name and title of representative of company

Shirley L. Shields
Notary Public



(RULE 3-205) FORMATION RECORD

02054

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

Formation	Top	Bottom	Formation	Top	Bottom
Red Bed, Lime & Anhydrite	0	2400			
Lime & Shale	2400	3000			
Sand, Dolomite & Shale	3000	3500			
Lime, Shale Sand	3500	3800			
Lime Shale	3800	4000			
Shale	4000	4300			
Shale and Sand	4300	4650			
Lime, Shale and Sand	4650	5000			
Lime and Shale	5000	5350			
Shale	5350	5600			
Sand and Lime	5600	5750			
Shale and Sand	5750	5850			
Shale	5850	5950			
Shale and Lime	5950	6100			
Lime, Sand and Shale	6100	6600			
Lime and Sand	6600	6700			
Lime (Mississippi)	6700	7200			
Shale	7200	7350 TD			

RECEIVED
OIL & GAS CONSERVATION COMMISSION
FEB 25 1961
OKLAHOMA CORPORATION COMMISSION

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2002

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OT/COC OPERATOR NUMBER

14075

2. API NUMBER

20765
003-66005AOKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
JIM THORPE BUILDING
P.O. BOX 52000
OKLAHOMA CITY, OK 73152-2000
(RULE 165:10-3-1)

BATCH NUMBER (OCC USE ONLY)

07286202

3. NOTICE OF INTENT TO:

(CHECK ONLY ONE)

DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON

NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR RENTRY.

4. TYPE OF DRILLING OPERATION >>>>>>>

(NOTE: If directional or horizontal, see reverse side for bottom hole location)

A. STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
B. OIL/GAS INJECTION DISPOSAL WATER SUPPLY

5. WELL LOCATION:

SECTION 17 TOWNSHIP 23N RANGE 11W COUNTY ALFALFA
SPOT LOCATION: NW 1/4 NW 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
SECTION LINES: 1980 660'

7. Well will be 660' feet from nearest unit or property boundary.

8. LEASE NAME: NIGHTENGALE WELL NUMBER: 2

9. NAME OF OPERATOR: Scoggins Production Co.

ADDRESS: R.R. 1 Box 75 PHONE (AC/NUMBER) 580-438-2476
CITY: Cleo Spgs. STATE: OK. ZIP CODE: 73729

10. SURFACE OWNER (ONE ONLY; ATTACH SHEET FOR ADDITIONAL OWNERS)

John Nightengale
ADDRESS: R.R. 2 Box 38 PHONE (AC/NUMBER) 580-227-3146
CITY: Fairview STATE: OK. ZIP CODE: 73737

14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)

1) Oswego 6130-6250 6) 404 OSWG
2) Verdigris 6275-6300 7) 404 VRDG
3) Fala 6430-6450 8) 404 INCL
4) Manning 6500-6600 9) 354 MNGG
5) 10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S)

OSWG, MNGG 149492/80 VRDG, INCL 149724/80

16. PENDING APPLICATION C.D. NO.

17. LOCATION EXISTING ORDER NO.

18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH 7360 20. GROUND ELEV. 1320 21. BASE OF TREATABLE WATER 390 cm 22. SURFACE CASING 467 ft 23. ALT CASING PROG USED Y N

24. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31.)

A. Cement will be circulated from total depth to ground surface on the production casing string.
B. Cement will be circulated from depth to depth by use of a two stage cementing tool.

25.1. PIT INFORMATION: Using more than one pit or mud system? Y N If yes, fill out line 25.2 on top reverse side.

A. TYPE OF MUD SYSTEM: WATER BASED OIL BASED GAS BASED (AIR DRILL)

B. EXPECTED MUD CHLORIDE CONTENT: maximum: ppm; average: ppm.

C. TYPE OF PIT SYSTEM: on-site; off-site; closed; If off-site, specify location:

D. IS DEPTH TO TOP OF GROUND WATER GREATER THAN 10 FT BELOW BASE OF PIT? X Y N

E. WITHIN 1 MILE OF MUNICIPAL WATER WELL? Y N

F. WELLHEAD PROTECTION AREA? Y N

Off-Site Pit No.

15.1 A. CATEGORY 1A 1B 2 3 4 C
OCC USE ONLY B. PIT LOCATION: I Alluvial Plain/Terrace Deposit Bedrock Aquifer Other H.S.A. Non-H.S.A. Fmt TERRAY
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

17. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED)

A. Evaporation/dewater and backfilling of reserve pit.
B. Solidification of pit contents.
C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation.)
D. One 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.

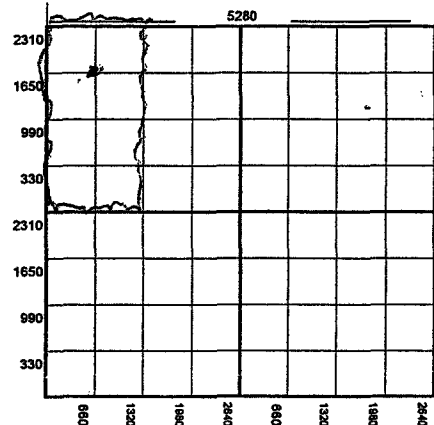
The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

SIGNATURE: Tim Scoggins NAME (Print or Type) Tim Scoggins PHONE (AC/NUMBER) 580-438-2476 DATE 7-25-06

NOTICE: Approval is void if operations have not commenced within six months of the date of approval. An approved permit must be posted at the location during drilling and completion operations.

File the Form 1001A, Spud Report, within fourteen days of commencement of operations.

CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION

6. LOCATE WELL AND OUTLINE
LEASE OR SPACING UNIT IN INK

N

17 23N 11W
NIGHTENGALE
#2

1. PIT INFORMATION:

A. TYPE OF MUD SYSTEM: WATER BASED OIL BASED GAS BASED (AIR DRILL)
 B. EXPECTED MUD CHLORIDE CONTENT: maximum: ppm; average: ppm.
 #2 C. TYPE OF PIT SYSTEM: on-site; off-site closed; If off-site, specify location:
 D. IS DEPTH TO TOP OF GROUND WATER GREATER THAN 10 FT BELOW BASE OF PIT? Y N
 E. WITHIN 1 MILE OF MUNICIPAL WATER WELL? Y N Off-Site Pit No.
 F. WELLHEAD PROTECTION AREA? Y N

OCC USE ONLY A. CATEGORY 1A 1B 2 3 4 C Fm:
 B. PIT LOCATION: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other H.S.A. Non-H.S.A.
 C. Special area or field rule? D. DEEP SCA? Y N Yield >50
 E. SOIL or GEOMEMBRANE LINER REQUIRED? Y N 20 ml GEOMEMBRANE LINER REQUIRED? Y N

Bottom Hole Location SEC TWP RGE COUNTY
 for Directional Hole:

JT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES:

asured Total Depth True Vertical Depth BHL from Lease, Unit, Or Property Line:

Bottom Hole Location for Horizontal Hole: (DRAINHOLES)

MIN HOLE #1: SEC TWP RGE COUNTY

JT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES:

th of Deviation Radius of Turn Direction Total Length

asured Total Depth True Vertical Depth End Point location from lease, unit or property line:

MIN HOLE #2: SEC TWP RGE COUNTY

JT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES:

th of Deviation Radius of Turn Direction Total Length

asured Total Depth True Vertical Depth End Point location from lease, unit or property line:

AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM (Signature on front of this form attests to this affidavit)

1. This well WILL WILL NOT penetrate any known lost circulation zones.
2. During the drilling of this well, withdrawals from any water well within 1/4 mile WILL WILL NOT exceed 50 gallons per minute.
3. The projected depth of the well IS IS NOT less than 100 feet from the top of any enhanced recovery project or gas storage facility.
4. List the following for all water wells within 1/4 mile of this well. (Information concerning some water wells may be obtained from the OKLAHOMA WATER RESOURCES BOARD, 2800 N. Classen Blvd., Oklahoma City, OK 73118). IF NO WATER WELLS FOUND SO STATE: (ATTACH ADDITIONAL SHEET IF NECESSARY)

Name of Owner/Operator Address of Owner/Operator Location (Nearest 1/4 1/4 1/4) Deepest producing interval

5. A cement bond log is required to be run and submitted from not less than 100 feet below the base of the treatable water-bearing formation to the surface.
6. If casing depth is more than 250 feet deeper than base of the treatable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken.

2. DRILL CHECKLIST

APPROVED	REJECTED	OCC USE ONLY	OCC USE ONLY	OCC USE ONLY
<u> </u>	<u> </u>	1. SURETY	<u> </u>	<u> </u>
<u> </u>	<u> </u>	A. NONE filed.	<u> </u>	<u> </u>
<u> </u>	<u> </u>	B. EXPIRED: Date <u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	C. OUTSTANDING CONTEMPT ORDER.	<u> </u>	<u> </u>
<u> </u>	<u> </u>	2. INTENTS	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	3. SPACING	<u> </u>	<u> </u>
<u> </u>	<u> </u>	4. GEOLOGY	<u> </u>	<u> </u>

DO NOT WRITE INSIDE THIS BOX

OKLA CORP COMM RECEIPT 070520014
 Date: 07/28/2006 Time: 10:38
 Case: 000000000 Cashier: THY
 Payer: SCOGGINS PRODUCTION CO
 Check 12751
 46 Intent to Drill
 \$100.00
 Kw 7/31/06

A. SURFACE CASING

1. Insufficient amount, Requires feet.
2. Insufficient Alternate Casing Program.
3. No Affidavit Submitted for Alternative Casing Program.
4. Reentry requires feet, only current.

B. UNSPACED: Less than 2500 ft (165')/More than 2500 ft (330')
 Only ft from N/S and from E/W line.

C. SPACED SPACING ORDER No.

1. Square pattern: 2.5, 10, 40, 160, 640
2. Rectangular pattern: 5, 20, 80, 320
 NWSE OR NE/SW
3. Rectangular slot pattern: 5, 20, 80, 320
 Prior to 1971 (Y, N) SUALD

D. LOCATION EXCEPTION:

1. Surface hole location different
2. Bottom hole location different

E. PENDING APPLICATION: Spacing/Location Exception

C.D. No.:

H.O.M. DATE:

F. OPERATOR NAME DIFFERENT in order No.

Name on order:

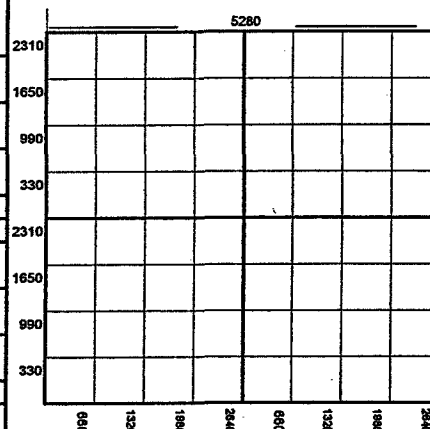
Location Exception/increased Density/Pooling

G. Increased Density/Location Exception EXPIRED

Date Order Expired:

H. Outline Lease or Property Boundary

28. Locate Bottom Hole



1. If more than two drainholes are proposed, attach separate sheet indicating the necessary information.
2. Direction must be stated in degrees azimuth.
3. Please note the horizontal drainhole and its end point must be located within the legal boundaries of the lease or spacing unit. Directional surveys are required for all drainholes and directional wells.

Notice of Intention To: RECOMPLETE

Type of Drilling Operation: STRAIGHT HOLE

County: ALFALFA

Spot Location: CNW4 NW4

Feet From: SOUTH 1/4 Section Line 1980

Feet From: WEST 1/4 Section Line 660

Lease Name: NIGHTENGALE

Well Type: OIL/GAS

Well Location: Sec: 17 Twp: 23N Rge: 11W

Feet from the nearest lease line: 660

Operator Name: SCOGGINS PRODUCTION COMPANY

TELEPHONE: (580) 438-2476

Operator Return Address

SCOGGINS PRODUCTION COMPANY

RR 1 BOX 75

CLEO SPRINGS OK 73729

Surface Owner Address

JOHN NIGHTENGALE

RR 2 BOX 38

FAIRVIEW OK 73737

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

Formation Codes, Names, Depths, (Permit Valid For Listed Formations Only):

(1) 404OSWG OSWEGO /LM/ 6130

(2) 404VRDG VERDIGRIS 6275

(3) 404INOL INOLA 6430

(4) 354MNNG MANNING /LM/ 6500

Spacing Order Numbers: 149492 149724

Special Orders: 313112

Pending CD Numbers: Location Exception Orders: Increased Density Orders:

Total Ground Surface Depth to base of Treatable

Depth: Elevation Casing: Water-Bearing FM:

7360 1320 467 390

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.

Instructions

- A. Please type or print using black ink.
 B. Form must be signed by former operator and new operator.
 C. Outline boundaries of lease and spot well being transferred.
 D. Attach 1002A for well.
 E. Direct questions to Well Records (405) 521-2275.

OKLAHOMA CORPORATION COMMISSION

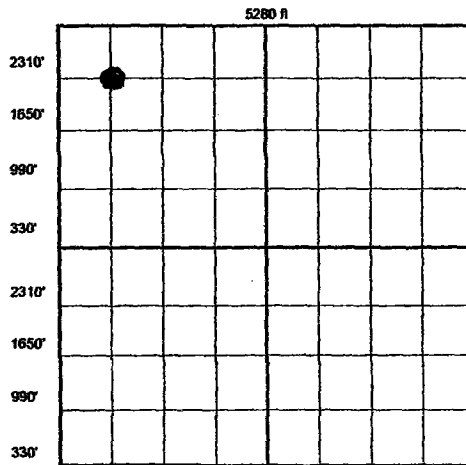
Oil & Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, OK 73152-2000

Transfer of Operator
 OAC 185-10-1-15

001270651

Form 1073
 Rev. 2009

API No 003 - 20965 003 - 66005	OTC Prod. Unit No. 003 - 66005
Location 1/4 C 1/4 NW 1/4 NW 1/4 Sec. 17 Twp. 23 N Rge. 11 W	
Ft FSL of Qtr Sec 1920' FSL	Ft FWL of Qtr Sec 660' FWL
County Alfalfa	
Current Well Name/Number Nightengale #2	
Original Well Name/Number N/A	
Unit Name (if applicable) N/A	



Locate Well On Grid Above

Well Class: ☒ OIL ☐ GAS ☐ DRY

Producing formation(s) **Miss Lime**

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

CURRENT OPERATOR		OCC No. 14075
Name Scoggins Production Co.		
Address Rt. #1 Box 75		
City Cleo Springs	State OK	Zip 73729
Phone No. 580 438 2476	FAX No./E-mail 580 438 2477	
I verify that I am the legal operator of record with authority to transfer operatorship of this well.		
Signature <i>Tim Scoggins</i>		
Name & Title (Typed or Printed) Tim Scoggins - owner		
Signed and sworn to before me this 25 day of January , 2010		
My commission expires: 09-05-2012		

NEW OPERATOR		OCC No. 22576
Name Scoggins Production LLC		
Address Rt. #1 Box 75		
City Cleo Springs	State OK	Zip 73729
Phone No. 580 438 2476	FAX No./E-mail 580 438 2477	
I verify that I am the legal operator of record with authority to transfer operatorship of this well.		
Signature <i>Evelyn Scoggins</i>		
Name & Title (Typed or Printed) Evelyn Scoggins Partner		
Signed and sworn to before me this 25 day of January , 2010		
My commission expires: 09-05-2012		

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.

* APPROVED COPY AVAILABLE ON OCC WEBSITE. *

Signature

Signed and sworn to before me this _____ day of _____

Notary Public

My commission expires: _____

FOR OCC USE ONLY

FEB 09 2010

Surety Dept. ☒ Approved ☐ Rejected Date _____

Well Records Dept. ☒ Approved ☐ Rejected Date _____

WELL RECORDS
APPROVED

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.

PLUGGING RECORD

OAC 165:10-1-10

WELL INFORMATION

Plug Date: November 21, 2014

API No: 3500320765

Well #: 2

Well Name: NIGHTENGALE

Operator: SCOGGINS PRODUCTION LLC

Operator #: 22576

Section: 17 **Township:** 23N **Range:** 11W **Meridian:** Indian

1/4: **1/4:** **CNW4 1/4:** **NW4 1/4:**

Total Depth: 0 **Base of Treatable:** Water: 0 **Well Classification:** OIL

CONTACT INFORMATION

Contact Name: Tim Scoggins

Telephone:

Address 1: 2987 HIGHWAY 8

Address 2:

City: CLEO SPRINGS **State:** OK **Zipcode:** 73729-6011 **Country:**

Email Address: **Fax:**

PIPE RECORDS

PERFORATION DEPTHS

String Name	Size	Run	Pulled
SURFACE	8.625	420	0
PRODUCTION	5.5	7359	3007

From Depth	To Depth
6716	7105
7023	7265

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:**

Company Name: QUALITY COMPLETIONS OF
ARKANSAS, LLC DBA DOSCO, LLC

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

Form 1059-0
Rev-01/12

WELL INFORMATION

API No: 3500320765		Plugging Date: Nov 21, 2014	
Well Name: NIGHTENGALE		Well #: 2	
Operator: SCOGGINS PRODUCTION LLC		Operator #: 22576	
Section: 17	Township: 23N	Range: 11W	Meridian: INDIAN
		CNW4	NW4
			County: ALFALFA
Total Depth: 7359	Base of Treatable Water: 370		Well Classification: OIL
			Lat: 36.475871
			Long: -98.40629
<u>CONTACT INFORMATION</u>			

CONTACT INFORMATION

Contact Name: Tim Scoggins
Street: RR 1 BOX 75
City: CLEO SPRINGS
State: OK
Zipcode: 73729-9732
PO Box:

CASING RECORDS

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

PLUGS

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:	Title:
Company Name: Quality Completions of Arkansas, LLC DBA Dosco, LLC	Permit No: 881
Street: 400 W. Jack Choate Hwy	PO Box: 698
City: Hennessey	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 1003/1003C
Rev. 2011

API NO.
003-20765
OTC PROD. UNIT NO.
N/A
PLUGGING DATE
November 21, 2014

PLUGGING RECORD
OAC 165:10-11-7

DEC 04 2014

OKLAHOMA
CORPORATION COMMISSION
KINGFISHER OFFICE

Well Name/No.
NIGHTENGALE #2
Location
C-NW-NW Sec 17 Twp 23N Rge 11W
1980 Ft FSL of 1/4 Sec 660 Ft FWL of 1/4 Sec
Total Depth 7360' Base of Treatable Water 350' County ALFALFA
Well Classification OIL

*									

OPERATOR

Name SCOGGINS PRODUCTION, LLC. OTC/OCC No. 22576
Address 2987 HIWAY 8 Phone 580-438-2476
City CLEO SPRINGS State OKLAHOMA Zip 73729

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	420'	0'	Surface
			I.C.
			I.C.
5 1/2"	7359'	3007'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From 6716	To 7105'
Set 2 -	From 7023'	To 7265'
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	CIBP	5 1/2"	6000'	2sx	20'	5980'	5980'
2	CEM	7 7/8" 8 5/8"	520'	160sx	520'	4'	4'
3							
4							
5							

REMARKS

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 all cementing data is true, correct and complete.

Signature *Butch Dunkin* Date 11/21/14 Name and Title Typed or Printed BUTCH DUNKIN, PRESIDENT
Company Name QUALITY COMPLETIONS OF ARKANSAS, LLC d/b/a DOSCO, LLC. Permit No. 881
Address PO BOX 698 Phone 405-853-7170
City HENNESSEY State OK Zip 73742

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 *Evelyn Scoggins* Date 12-3-14 Name and Title Typed or Printed Evelyn Scoggins Ptr. mgr.

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 *Ben Lee* Field Inspector MR. GREG SHIEK DIST II

INSTRUCTIONS