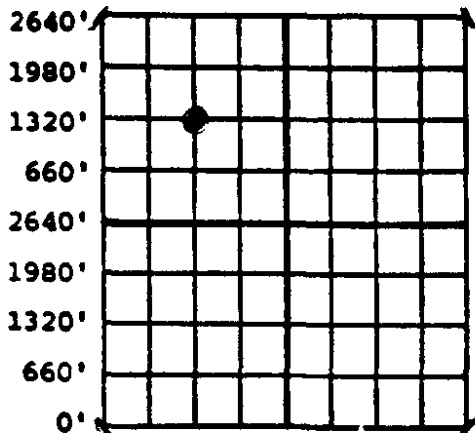


LOCATE WELL ON GRID BELOW



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



Replaces separately
Forms 1003 and 1003C.

TYPE OR USE BLACK INK
Instructions on back of form

Fill out completely and mail to district office:

District I: (918) 367-3326 District III: (405) 255-0103
115 W. Sixth Street/P.O. Box 1325
Bristow, Oklahoma 74010 Duncan, Oklahoma 73533

District II: (405) 375-5570 District IV: (405) 332-3441
202 E. Miles 703 N. Broadway/P.O. Box 2389
Kingfisher, Oklahoma 73750 Ada, Oklahoma 74820

The API number of the well is essential -- if you do not know the API number, call Petroleum Information Commission (405) 846-9824.

KINGFISHER OFFICE

Lease Name Abshire	Well No. 1-5A	County Blaine	API Number 011-22183 A	Well TD: 11,015'
Location / /4 /4 CNW4 5 17N 13W				-- Pipe Record --
Name of Operator Marshall Oil Corporation				Size Run (ft) Pulled (ft)
Address 1010 NW Grand/P.O. Box 54949				20" 98'
City State Zip Oklahoma City Oklahoma 73154				13-3/8" 1,047'
Phone (A.C.) 405-840-4389				9-5/8" 8,816' 5136'
Type of Well Gas				5 1/2" 11,600' 8405.11'
Treatable Water Depth 50'				2-7/8" 10,675' 10,675'

Plug	Type of Plug CIBP, Cement, Packer etc.	Size Hole or Pipe of Placement	Depth	If cement, Number of Sacks	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CIBP	5 1/2"	9700'	2		9680'	
2	Cmt. plug	13-3/8"	1160'	200	41 1/2 bbls	947'	10'
3	Cmt. plug	13-3/8"	33'	25			3'
4							
5							

PERFORATION DEPTHS: Set 1-From: 9774' Ft To: 9778' Set 2-From: 10,425' To: 10,464'
Set 3-From: 10,766' Ft To: 10,878' Set 4-From: To:

REMARKS:

Reason for plugging: Non Productive

CEMENTING COMPANY
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the placing of cement plugs in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers cementing data only.

Robert Bellu
Signature of Cementer or Authorized Representative
Robert Bellu (Cementer) 10/14/92
Name of Person and Title (Type or Print) Date
Halliburton
Cementing Company Permit Number
P.O. Box 1147 800 580-3333
Street Address or P.O. Box Phone
Enid Oklahoma 73702

OPERATOR
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 in this report, and that data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers all well data and information presented herein.

Jack Russell
Signature of Operator or Authorized Representative
Jack Russell 11/14/92
Name of Person and Title (Type or Print) Date

DISTRICT MANAGER'S
SIGNATURE
DISCLAIMER:

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant that the facts provided by the operator are true or that the above described operator has properly plugged the above-described well.

Name of Field Inspector
Sidney Gracey

Signature of District Manager

Thompson

Sec 05 Twp 17N Rge 13W

INSTRUCTIONS:

1. Form must be completely filled out and sent to district office within within 30 days after plugging is completed.
Send original and one copy.
Type or use black ink.
API number of well is important and is used to match this record to the completion report.
2. Cementing Company and Operator shall comply with the applicable portions of O.C.C. Rules 3-404 and 3-405.
3. A. In specifying the type of plug use the following notation:
CIBP - cast iron bridge plug.
CEM - cement plug.
CIBP + CEM - cast iron bridge plug and cement.
Packer - packer.
If other abbreviations are used, please define.
B. Cement plugs shall be placed in the well bore as required by Rules and Regulations of the Commission plus any additional plugs as may be specified by the District Manager or his representative, where unusual local conditions exist. (Rule 3-404 f and g).
C. The minimum amount of cement normally used in each plug in the open hole shall be a slurry volume equal to the amount necessary to fill the calculated volume of 100 feet of the hole in which the plug is placed.
D. A 30 feet cement plug is required to be placed near the top of the well. (Rule 3-404-g).
4. If you have questions concerning the completion of this form, call the appropriate District Office.

For Commission Use Only -- Do Not Write Below This Line

PLUGGING RECORD CHECKLIST

Approved	Rejected	
_____	_____	1. API Number Invalid
_____	_____	2. Legal Description Invalid for County
_____	_____	3. Operator Number Missing/Invalid
_____	_____	4. Well Location Invalid/Missing
_____	_____	5. Lease Name Missing
_____	_____	6. Well Number Missing
_____	_____	7. Plugging Date Invalid
_____	_____	8. Well Type Missing/Invalid
_____	_____	9. Well Total Depth Missing/Invalid
_____	_____	10. Record of Pipe Pulled Incomplete
_____	_____	11. Well Location does not Match Well Plat
_____	_____	12. Treatable Water Depth Missing
_____	_____	13. Perforation Depths Missing
_____	_____	14. Information on Plug - Operator
_____	_____	15. Plugging Description Missing
_____	_____	16. Plugging Contractors Name Missing
_____	_____	17. Information on Plug - Cementing Company
_____	_____	18. Other:_____

OKLAHOMA CORPORATION
COMMISSION

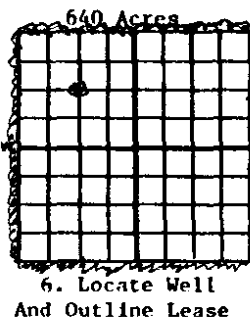
JAN 11 1993

OIL & GAS CONSERVATION

20601021

Form 1002-A
Rev. (1985)10A. OTC/OCC Oper No.
06211This form is an Original ☒ Amended ☐1. API Number
011-22183-A2. OTC Prod. Unit No.
011-89768To be filed within 30 days after drilling is completed
OKLAHOMA CORPORATION COMMISSIONOIL AND GAS CONSERVATION DIVISION
Jim Thorpe Building / Oklahoma City, Oklahoma 73105-4993
PLEASE TYPE OR USE BLACK INK ONLY

3. County Blaine Sect. 5 Twp. 17N Range 13W
4. Lease Name Abshire Re-Entry 5. Well No. 1-5A
7. Well Located C/NW $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$
8. 1320 Ft From S.L. of $\frac{1}{4}$ Sect. and 1320 Ft. From W.L. of $\frac{1}{4}$ Sect.
9. Elevation: Derrick Floor _____ Ground 1680'
10. COMPANY OPERATING Marshall Oil Corporation
Address 1010 N.W. Grand P.O. Box 54949
City Oklahoma City State Okla Zip 73154
11. Drilling Started 2/12, 19 92 Drilling Finished 3/25, 19 92
12. Well Completed 4/3, 19 92 Date-First Prod. 5/29, 19 92



13. TYPE COMPLETION

- Single Zone ☒ _____
- Multiple Zone _____ Order No. _____
- Commingled _____ Order No. _____
- LOCATION EXCEPTION NA Order No. _____ Penalty _____
- INCREASED DENSITY NA Order No. _____

15. OIL OR GAS ZONES

Name	From	To	Name	From	To
Miss Solid	10,766	10,837'	OA		

16. CASING & CEMENT

Surf. & Prod. Casing Set					Csg Test	Cement		
Type	Size	Weight	Grade	Feet	PSI	Sax	Fillup	Top
Conductor	20"	62.7#	A	98		Driven		
Surface	13-3/8"	54.5#	K55	1,047	1000	875	1,222	Surf
Intermediate								
Production	5.50"	17#	N80	8,460'	Re-entry & tie-back			
Liner					string to surface			

18. PACKERS SET

Depth 10,675' Type Otis 5 1/2" MH

(Over)

17. TOTAL DEPTH 11,015'

19. COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Miss	1	2	3
SPACING & SPACING ORDER NUMBER	640 286524			
CLASSIFICATION (Oil, Gas, Dry, Inj. Well)	Gas			
	10,766-10,837 OA			
PERFORATED				
INTERVALS				
ACID/VOLUME				
FRACTURE TREATED?				
Fluids Amounts				

INITIAL TEST DATA:

Date	4/3/92		
Oil-bbl/day	6		
Oil-Gravity (°API)			
Gas-MCF/day	560		
Gas-Oil Ratio Cu. Ft/bbl			
Water-bbl/day	19 BLW		
Pumping or Flowing	Flwg		
Initial Shut-In Pressure	2600		
CHOKE SIZE	20/64"		
FLOW TUBING PRESSURE	525		

A record of the formations drilled through, and pertinent remarks are presented on the reverse.

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.

Signature

Corporate Secretary
TitleP.O. Box 54949 Oklahoma City Okla. 73154
Address City State ZipMay 29th, 1992
Date405-840-4389
Phone

(RULE 3-205) FORMATION RECORD

34.

002105

OKLAHOMA CORPORATION
COMMISSION
JUN 01 1992
OIL & GAS CONSERVATION

Other Remarks No Logs run on Re-Entry

OTC/OCC NUMBER: 06211-0 API NUMBER: 011-22183-A APPROVAL DATE: 02/07/92

NOTICE OF INTENTION TO: REENTER

TYPE OF DRILLING OPERATION: STRAIGHT HOLE SEC: 5 TWP: 17N RGE: 13W -

COUNTY: BLAINE SPOT LOCATION: CNW4

FEET FROM: SOUTH 1/4 SECTION LINE 1320 FEET FROM: WEST 1/4 SECTION LINE 1320

FEET FROM THE NEAREST LEASE LINE 1320

LEASE NAME ABSHIRE RE-ENTRY

WELL NO: 1-5A

OPERATOR NAME: MARSHALL OIL CORPORATION

SURFACE OWNER ADDRESS

CAROLEE ABCHIRE

%TOM MORGAN, ATTY

109 N. WEIGLE

WATONGA

OK 73772

OPERATOR RETURN ADDRESS

MARSHALL OIL CORPORATION

P.O. BOX 54949

OKLAHOMA CITY OK 73154

OPERATION TO BEGIN: 00/00/00

FRESH WATER SUPPLY WELL DRILLED: NO

SURFACE WATER USED TO DRILL: YES

FORMATION CODES, NAMES, DEPTHS, (PERMIT VALID FOR LISTED FORMATIONS ONLY)

351MSSLM MISS LM

10800

002105

SPACING ORDER NUMBERS: 286524

TOTAL DEPTH: 10900

GROUND ELEVATION: 1680 DEPTH TO BASE OF TREATABLE WATER-BEARING FM: 50

SURFACE CASING: 1047

PIT INFORMATION:

TYPE OF PIT SYSTEM: CLOSED

TYPE OF MUD SYSTEM: WATER BASED

EXPECTED CHLORIDE CONTENT OF PIT: MAXIMUM 40000 PPM; AVERAGE 5100 PPM

APPROVED METHOD FOR DISPOSAL OF DRILLING FLUIDS:

ANNULAR INJECTION (REQUIRES PERMIT AND SURFACE CASING SET 200 FEET
BELOW BASE OF TREATABLE WATER-BEARING FM)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 OCC-OCR 3-204.

002105

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

APPLICATION TO DRILL, RECOMPLETE OR REENTER
(See Instructions on Back)

WALK THROUGH

FORM 100
Rev. 199

1. OTC/OCC OPERATOR NUMBER
06211

2. API NUMBER
0122183A

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Building
Oklahoma City, Oklahoma 73105-4993
(Rule 3-204)

BATCH NUMBER (OCC USE ONLY)
02072021

3. NOTICE OF INTENTION TO:
☐ DRILL ☐ RECOMPLETE ☒ REENTER ☐ AMEND Reason Amended

4. TYPE OF DRILLING OPERATION:
☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
Note: If, directional or horizontal, see reverse side for bottom hole loc.

5. WELL LOCATION:

Section	Township	Range	County
5	17N	13W	Blaine

Spot Location: Feet from quarter section lines

1/4	1/4	1/4 C/NW/4	South line	1320	West line	1320
-----	-----	------------	------------	------	-----------	------

7. Well will be 1320 feet from nearest lease, unit or property boundary.

8. LEASE NAME: Abshire Re-Entry WELL NUMBER: 1-5A

9. NAME OF OPERATOR:
Marshall Oil Corporation

ADDRESS P.O. Box 54949 PHONE (AC/NUMBER) 405-840-4389

CITY Oklahoma City STATE Oklahoma ZIP CODE 73154

10. NAME OF SURFACE OWNER: (one only; attach sheet for additional owners)
Carolee Abshire & Tom Morgan, Atty

ADDRESS 109 N. Weigle

CITY Watonga STATE Oklahoma ZIP CODE 73772

14. TARGET FORMATIONS AND DEPTHS OF EACH (limited to ten)

Mississippi ~~lime~~ 10,800' 351MSSLM

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

286524 640 acres

16. Pending Application C.D. No.

NA

17. Location Exception Order No.

NA

18. Increase Density Order No.

NA

19. Total Depth

10,900'

20. Ground Elev.

1680'

21. Depth to base of treatable

water-bearing fm. 50'

22. ~~5100'~~ 1047'

23. Will alternative casing

program be used? ☐ Y ☒ N

24. Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side):

NA ☐ A. Cement will be circulated from total depth to the 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. Pit Information:

A. Type of Pit System: ☒ on-site ☐ off-site ☐ closed If off-site, specify location:
B. Type of Mud System: ☒ water based ☐ oil based ☐ gas based (air drilled)
C. Expected chloride content: maximum 40000 ppm; average 5100 ppm.
D. Is depth to top of ground water greater than 6 ft. below base of pit? ☒ Yes ☐ No

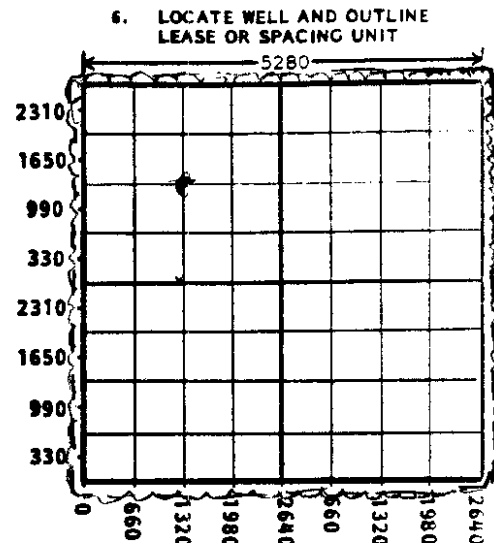
26. For OCC Use Only:

A. Is pit located in an hydrologically sensitive area? ☒ Yes ☐ No

B. Category of pit: 1 3 C. Liner Required: ☒ Yes ☐ No

27. 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 ft. below base of Treatable Water-bearing fm.);
☐ D. Noncommercial land application (requires permit);
☐ E. Haul to commercial pit facility; specify site
☐ F. Haul to commercial soil farming facility; specify site
☐ G. Other method; specify



SECTION 5
TOWNSHIP 17N
RANGE 13W
WELL NAME Abshire
NUMBER 1-5A

APPROVED
FEB 07 1992

I hereby certify that I am authorized to submit this two page application which was 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 Maxine Kane NAME (Print or Type) Maxine Kane PHONE (AC/NUMBER) 405-840-4389 DATE 02/06/92

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.

Locate bottom hole location(s)

If more than two drainholes are proposed, attach separate sheet indicating the necessary information.

Direction must be stated in degree azimuth.

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.

29. BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY
Spot location		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Measured	True	Bottom hole location from	
Total Depth	Vertical Depth	lease, unit or property line:	

30. BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE (DRAIN HOLES)

SEC	TWP	RGE	COUNTY
Spot location of end point		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Depth of	Radius of	Direction	Total
Deviation	Turn	Length	
Measured	True	End point location from	
Total Depth	Vertical Depth	lease, unit or property line:	

SEC	TWP	RGE	COUNTY
Spot location of end point		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Depth of	Radius of	Direction	Total
Deviation	Turn	Length	
Measured	True	End point location from	
Total Depth	Vertical Depth	lease, unit or property line:	

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM (signature on front of form attests to this affidavit)

- This well will not penetrate any known lost circulation zone.
- During the drilling of this well, withdrawals from any water well within 1/4 mile of this well will not exceed 50 gallons per minute.
- List the following for each water well within 1/4 mile of this well (the information concerning each water well may be obtained through the Oklahoma Water Resources Board, P.O. Box 53585, Oklahoma City, OK 73152). If no water wells are found, please state:

Name of owner/operator Address of owner/operator Location (nearest 1/4 1/4 1/4) Deepest producing interval

- A cement bond log is required to be run and submitted from not less than 100 ft below the base of the treatable water-bearing formations to the ground surface.

INTENT TO DRILL CHECKLIST (For OCC Use Only)

286524 640A: Mss Lime

Approved

Rejected

[Signature]

- Surety
 - None filed
 - Expired: date
 - Outstanding Contempt Order

- Intents

- Spacing

- Geology

- Surface Casing
 - Insufficient amount, requires _____ ft.
 - Insufficient Alternative Casing Program
 - No Affidavit Submitted for Alternative Casing Program
 - Reentry, requires _____ ft., only current
- Unspaced: less than 2500 ft. (180')/more than 2500 ft. (330') only _____ ft. from N/S and _____ from E/W line
- Spaced: Spacing Order No.
 - Square pattern; 3, 10, 40, 160, 640
 - Rectangular pattern; 3, 20, 80, 320 NW/SE or NE/SW
 - Rectangular slot pattern; 5, 20, 80, 320 prior to 1971 (V,N) SU/LD
- Location Exception
 - Surface hole location different
 - Bottom hole location different
- Pending Application: Spacing/Location Exception C.O. No.: _____ H.O.M. Date: _____
- Operator Name different in order No. _____ Name on Order _____ Location Exception/Increase Density/Pooling
- Increase Density/Location Exception Order expired: date _____
- Outline lease or property boundary lines

002105

00.00\$

00.00\$

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[Signature]

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CHECK \$300.00

002H207 E 0001

2/7

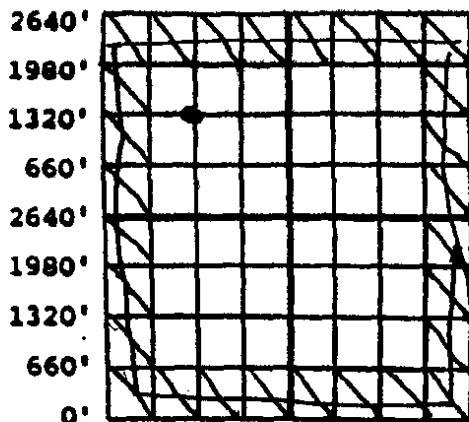
LOCATE WELL ON GRID BELOW

006279274

PLUGGING RECORD
(Rule 3-405)

Form 1003/1003C

(Rev. 1986)

Replaces separately
Forms 1003 and 1003CTYPE OR USE BLACK INK
Instructions on back of form

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



Fill out completely and mail to district office:

District I: (918) 367-3396
115 W. Sixth Street/P.O. Box 779
Bristow, Oklahoma 74010

District III: (405) 255-0103
1015 Elk Blvd./P.O. Box 1525
Duncan, Oklahoma 73533

District II: (405) 375-5570
202 E. Miles
Kingfisher, Oklahoma 73750

District IV: (405) 332-3441
703 E. Broadway/P.O. Box 2389
Ada, Oklahoma 74820

The API number of the well is ESSENTIAL--if you do not know the API number, call Petroleum Information, Inc., at (405) 848-9824.

CORPORATION COMMISSION

Lessee Name	Well No.	County	API Number	Well ID: 11,600' PBTD-10,200'
Abshire	1-5	Blaine	011-22183	-- Pipe Record --
Location	Section Township Range	Well loc. from 1/4 sec.	Size	Run (ft)
/CNW /4 /4 /4 5	17N 13W	1320' SW 1320' NW	13 5/8	1,047
Name of Operator	OTC/OCC Operator No.	Date Plugging Complete	9 5/8	8,816
Rosewood Resources, Inc.	12710	4-14-90	5 1/2	1,600
Address	Type of Well	Treatable Water Depth	20	98
200 Crescent Ct. - Suite 300	oil	40'		
City State Zip				
Dallas, Texas 75201				
Phone (A.C.)				
214-871-5700				

Plug	Type of Plug CIBP, Cement, Packer etc.	Size Hole or Pipe of Placement	Depth	If cement, Number of Sacks	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	RBP Cement	5 1/2	10,200'	3		10,179	
2	CIBP	5 1/2	9,700'	3		9,679	
3	Cement	5 1/2 & 9 5/8	1,147'	245	274.40		904'
4	Cement	9 5/8	50'-10'	35	39.20		10'
5							

PERFORATION DEPTHS: Set 1-From: 9,774 Ft To: 9,478 Set 2-From: _____ To: _____
Set 3-From: _____ Ft To: _____ Set 4-From: _____ To: _____

REMARKS:

Reason for plugging: NON-PRODUCTIVE

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the placing of cement plugs in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers cementing data only.

Signature of Cementor or Authorized Representative

Larry Murray 4-20-90

Name of Person and Title (Type or Print) Date

Proctor's Casings Pullers #312

Cementing Company Permit Number

6209 Aluma Valley Dr. 405 478-0591

Street Address or P. O. Box Phone

Oklahoma City, Ok. 73121

City State Zip

OPERATOR

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 in this report, and that data and facts presented are true, correct, and complete to the best of my knowledge. This certification covers all well data and information presented herein.

Signature of Operator or Authorized Representative

Dan Bracy, Regulatory Coordinator

Name of Person and Title (Type or Print) Date

5/17/90

Name of Field Inspector

Sid Healey

Signature of District Manager

Tony Cupp

DISTRICT MANAGER'S
SIGNATURE
DISCLAIMER:

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant that the facts provided by the operator are true or that the above described operator has properly plugged the above-described well.

001747

OKLAHOMA CORPORATION
COMMISSION

JUL 10 1990

OIL & GAS CONSERVATION

1985

8 6 0 6 0 9 0 0 TO ACCOMPANY COMPLETION REPORT

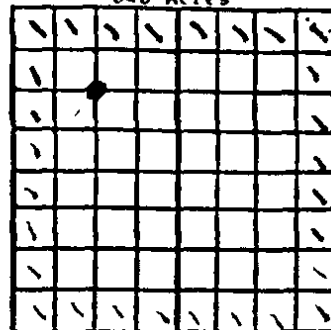
0316-1767

Rosewood

640 Acres

API No. 011 22183CEMENTING REPORT
OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation DivisionJim Thorpe Bldg / Oklahoma City, Ok 73105-4993
(Rule 3-206)OTC/OCC Oper. No. 12710

All operators must include this form when submitting the Completion Report, (Form No. 1002-A). The signatures on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with Rule 3-206. It may be advisable to take a copy of this form to location when cementing work is performed.



Locate Well and Outline Lease

062714

*1. Field Name <u>S.E. Carleton</u>		*2. O.C.C. District <u>KINGFISHER</u>	
*3. Operator <u>Rosewood Resources.</u>		*4. County <u>BLAINE</u>	
*5. Lease Name <u>ABSHIRE</u>		*6. Well Number <u>1-5</u>	
*7. Location <u>4 4 4 CNW 4</u>	Section <u>5</u>	Township <u>17</u>	Range <u>13W</u>
CEMENT CASING DATA:	SURFACE CASING	INTER-MEDIATE CASING	PRODUCTION CASING
			MULTI-STAGE CEMENTING PROCESS
8. Cementing Date <u>2-20-86</u>	<u>2/20/86</u>		
*9. (a) Size of Drill Bit (inches)	<u>17 1/2</u>		
(b) Estimated % wash or hole enlargement used in calculations.	<u>100%</u>		
*10. Size of Casing (inches O.D.)	<u>13 3/8</u>		
*11. Top of Liner (if liner used) (ft.)	<u>—</u>		
*12. Setting Depth of Casing (ft.)— from ground level	<u>1056</u>		
13. Type API Class Cement & amount of Additives used: (a) In first (lead) or only Slurry. (If additional space is needed, use "Remarks" on reverse side)	<u>D.W. III</u> <u>+ 2% CC.</u> <u>1/2" 0-29</u>		
(b) In second Slurry	<u>Premium</u> <u>2% S-1</u>		
(c) In third Slurry	<u>—</u>		
14. Sacks of cement used:			
(a) In first (lead) or only Slurry	<u>675</u>		
(b) In second Slurry	<u>200</u>		
(c) In third Slurry	<u>—</u>		
15. Slurry Vol/Sacks of Cement (Cu ft/sack):			
(a) In first (lead) or only Slurry	<u>1012.5</u>		
(b) In second Slurry	<u>300</u>		
(c) In third Slurry	<u>—</u>		
16. Vol of slurry pumped: (Cu ft)(14.X15.)			
(a) In first (lead) or only Slurry	<u>180</u>		
(b) In second Slurry	<u>37 1/2</u>		
(c) In third Slurry	<u>—</u>		
(d) Total Slurry volume pumped (Cu ft)	<u>217 1/2</u>		
17. Calculated Annular Height of Cement Slurry behind Pipe (ft)	<u>1050 + 6 SurFaq</u>		
18. Was cement circulated to ground surface (or bottom of collar) outside casing? Yes or No	<u>Y</u>		

(CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF).

-OVER-

*Designates items to be completed by Operator. Items not so designated shall be completed by the Cementing Co.

<p>26. Remarks:</p>	<p>*27. Remarks:</p>
<p>CEMENTING COMPANY</p>	<p>*OPERATOR</p>
<p>I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.</p>	<p>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 in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.</p>
<p><u>Mary R. Ribordy</u> Signature of Cementer or Authorized Representative</p>	<p><u>J. S. Tanner</u> *Signature of Operator or Authorized Repres.</p>
<p><u>GARY R. Ribordy</u> <u>Supervisor</u> Name of person and Title (Type or Print)</p>	<p><u>J. S. TANNER</u> *Name of Person and Title (Type or Print)</p>
<p><u>Dowell Schlumberger</u> Cementing Company</p>	<p><u>Rosewood Resources</u> *Operator</p>
<p><u>2200 N. 10th</u> Street Address or P. O. Box</p>	<p><u>2600 Thanksgiving Tower</u> *Street Address or P. O. Box</p>
<p><u>ENID, OK</u> <u>72701</u> City State Zip</p>	<p><u>DALLAS, TX</u> <u>75201</u> *City State Zip</p>
<p>Telephone <u>405</u> <u>237-5175</u> Area Code</p>	<p>Telephone <u>214</u> <u>8807000</u> Area Code</p>
<p><u>2-20-86</u> Date</p>	<p><u>2-20-86</u> Date</p>

INSTRUCTIONS

1. a) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report for a producing well or a dry hole.
 b) An original and one copy of this form shall be filed as an attachment to the Completion Report, (form 1002-A) for each cementing company used on a well.
 c) The cementing of different casing strings on a well by one cementing company may be consolidated on one form (to be filed in duplicate).
2. Cementing Company and Operator shall comply with the applicable portions of O.C.C. Rule 3-206.
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by Rule 3-206.
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW THE CORPORATION COMMISSION REGULATIONS.

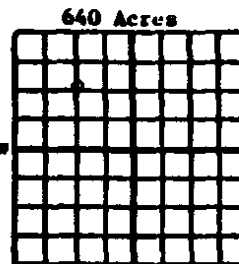
10a. OTC/OCC Oper No.
12.10
1. API Number
011 22183
2. OTC Prod. Unit No.
011-89768

This form is an Original ☐ Amended ☒

To be filed within 30 days after drilling is completed
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Jim Thorpe Building / Oklahoma City, Oklahoma 73105-4993

PLEASE TYPE OR USE BLACK INK ONLY

3. County Blaine Sect. 5 Twp 17N Range 13W
4. Lease Name Abshire 5. Well No. 1-5
7. Well Located 1/4 1/4 CNW 1/4
8. 1320 Ft From S.L. of 1/4 Sect. and 1320 Ft. From W.L. of 1/4 Sect. w
9. Elevation: Derrick Floor _____ Ground 1673
10. COMPANY OPERATING Rosewood Resources, Inc.
Address 200 Crescent Court, Suite 300
City Dallas, State TX Zip 75201
11. Drilling Started 2/18, 19 86 Drilling Finished 4/16, 19 86
12. Well Completed 7/2, 19 86 Date-First Prod. 7/9, 19 86



6. Locate Well
And Outline Lease

13. TYPE COMPLETION

Single Zone X
Multiple Zone _____ Order No. _____
Commingled _____ Order No. _____
LOCATION EXCEPTION _____ Order No. _____ Penalty 14.
INCREASED DENSITY _____ Order No. _____

15. OIL OR GAS ZONES

Name	From	To	Name	From	To
Chester	9774	9778			
Osage	10766	10837			
Merrimac	10425	10464			

16. CASING & CEMENT

Surf. & Prod. Casing Set					Csg Test	Cement		
Type	Size	Weight	Grade	Feet	PSI	Sax	Fillup	Top
Conductor	20			98		Driven		
Surface	13 3/8	54.5	K55	1047	1000	875	1222	surface
Intermediate	9 5/8	53.5	P110	8816	3500	620	756	6800
Production	5 1/2	17	N80	11600	3100	600	948	8800
Linear								

18. PACKERS SET

Depth 9681 Type Baker Retrievable Packer

17. TOTAL DEPTH 11,600

(Over)

Why? Amend the spacing Order Number & Change
Well Classification

19. COMPLETION & TEST DATA BY PRODUCING FORMATION

3541 CS TR 2 WDAST 3 up

FORMATION	Chester	
SPACING & SPACING ORDER NUMBER	640AC 220044	000249
CLASSIFICATION (Oil, Gas, Dry, Inj. Well)	Gas	
PERFORATED INTERVALS	9774 -	
	9778	
ACID/VOLUME	5000 gals	
FRACTURE TREATED?	10650 gals	
Fluids Amounts	2% KCl	

INITIAL TEST DATA:

Date	7/9/86	
Oil-bbl/day	9	
Oil-Gravity ("API)	55	
Gas-MCF/day	450	
Gas-Oil Ratio Cu. Ft/bbl	50,000	
Water-bbl/day	79	
Pumping or Flowing	F	
Initial Shut-In Pressure	2320	
CHOKE SIZE	13/64	
FLOW TUBING PRESSURE	500	

A record of the formations drilled through, and pertinent remarks are presented on the reverse.

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.

Daniel Bracy Regulatory Coordinator
Signature Title

200 Crescent Court, Suite 300 Dallas, TX 75201
Address City State Zip

August 14, 1987 214-871-5700
Date Phone

PLEASE TYPE OR USE BLACK INK ONLY

(RULE 3-205) FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

800249

24.

NAMES OF FORMATIONS	TOP	BOTTOM
Heebner	7,332	
Oswego	8,215	
Inola	8,728	
Chester	9,254	
Merrimac	10,257	
Hunton	10,983	
Sylvan	11,533	
TOTAL DEPTH	11,600	

FOR COMMISSION USE ONLY

Well Completion Report Checklist

APPROVED: BD CO

1) XED Section
a) No Intent to Drill on file
(1) Send warning letter ☐
(2) Recommended for consent ☐

2) Authorized Survey
a) No Survey filed
b) Expired Survey

Financial Statement/Letter of Credit/Bond

3) Spacing and Pooling

4) Well Spudded prior to approval

5) Sufficient surface casing required set

6) No test data

7) Change of location

8) Well location "off pattern"
Spacing Order No.
Site Unit/pattern
Formation(s)

9) No record found

10) Other:

(Please specify appropriate number from initial rejection letter or other problem found)

11) Status:

RECEIVED

AUG 18 1987

OKLAHOMA CORPORATION
COMMISSION

Was an electrical survey run? X YES NO. Date last log was run Was CO₂ encountered? X YES NO. If so, at what depth(s) Was H₂S encountered? X YES NO. If so, at what depth(s) 25. Direct. Survey: True Vertical Depth: Horizontal Projections: (N/S) (E/W)27. Were unusual drilling circumstances encountered? Yes No X If yes, briefly explain:

Other Remarks A 5 1/2" Retrievable Bridge plug set @ 10,200'. Casing and plug tested to 3,000#. 20' of sand on top of plug. Future completion possibilities for the Osage and Merrimac formations.

1985

8606090000

CEMENTING REPORT

TO ACCOMPANY COMPLETION REPORT

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Jim Thorpe Bldg / Oklahoma City, Ok 73105-4900

(Rule 3-206)

API No. 011 22183OTC/OCC Oper. No. 12710

640 Acres

1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1

Locate Well and Outline Lease

All operators must include this form when submitting the Completion Report, (Form No. 1002-A). The signatures on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with Rule 3-206. It may be advisable to take a copy of this form to location when cementing work is performed.

06274

*1. Field Name <u>S.E. Carleton</u>		*2. O.C.C. District <u>King Fisher</u>	
*3. Operator <u>Rosenwood Resources</u>		*4. County <u>BLAINE</u>	
*5. Lease Name <u>ABSHIRE 1-5</u>		*6. Well Number <u>1-5</u>	
*7. Location <u>4 4 4 ENW 4</u>		Section <u>5</u>	Township <u>17N</u>
		Range <u>13E</u>	
CEMENT CASING DATA:	SURFACE CASING	INTER-MEDIATE CASING	PRODUCTION CASING
MULTI-STAGE CEMENTING PROCESS			
8. Cementing Date		<u>3-21-86</u>	
*9. (a) Size of Drill Bit (inches)		<u>12 1/4"</u>	
(b) Estimated % wash or hole enlargement used in calculations.			
*10. Size of Casing (inches O.D.)		<u>9 5/8"</u>	
*11. Top of Liner (if liner used) (ft.)		<u>-</u>	
*12. Setting Depth of Casing (ft.) - from ground level		<u>8834'</u>	
13. Type API Class Cement & amount of Additives used:		<u>420 SKS</u>	
(a) In first (lead) or only Slurry. (If additional space is needed, use "Remarks" on reverse side)		<u>DLV + 1.5% SACT</u>	
(b) In second Slurry		<u>200 SKS P + .5% D-LS + .1% D-13</u>	
(c) In third Slurry			
14. Sacks of cement used:		<u>420</u>	
(a) In first (lead) or only Slurry		<u>200</u>	
(b) In second Slurry			
(c) In third Slurry			
15. Slurry Vol/Sacks of Cement (Cu ft/sack):		<u>97.2</u>	
(a) In first (lead) or only Slurry		<u>37.4</u>	
(b) In second Slurry			
(c) In third Slurry			
16. Vol of slurry pumped: (Cu ft) (14.X15.)		<u>546</u>	
(a) In first (lead) or only Slurry		<u>210</u>	
(b) In second Slurry			
(c) In third Slurry			
(d) Total Slurry volume pumped (Cu ft)		<u>756</u>	
17. Calculated Annular Height of Cement Slurry behind Pipe (ft)		<u>6800'</u>	
18. Was cement circulated to ground surface (or bottom of collar) outside casing? Yes or No		<u>6800'</u>	

(CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF).

-OVER-

*Designates items to be completed by Operator. Items not so designated shall be completed by the Cementing Co.

<p>26. Remarks:</p> <div style="text-align: right; transform: rotate(90deg); font-size: small; margin-top: 50px;"> OIL & GAS CONSERVATION DIVISION (TECH SECTION) JUL 24 1986 </div> <p style="text-align: center; border-top: 1px solid black; margin-top: 20px;"><u>CEMENTING COMPANY</u></p> <p>I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.</p> <p><u>Gary W. Young</u> Signature of Cementer or Authorized Representative</p> <p><u>Gary W. Young</u> Name of person and Title (Type or Print)</p> <p><u>Bowell Schlumberger</u> Cementing Company</p> <p><u>P.O. Box 5159</u> Street Address or P. O. Box</p> <p><u>ENID, OKLA 73703</u> City State Zip</p> <p>Telephone <u>405</u> <u>237-5175</u> Area Code</p> <p><u>3-21-86</u> Date</p>	<p>27. Remarks:</p> <div style="text-align: right; transform: rotate(90deg); font-size: small; margin-top: 50px;"> OKLAHOMA CORPORATION COMMISSION </div> <p style="text-align: center; border-top: 1px solid black; margin-top: 20px;"><u>*OPERATOR</u></p> <p>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 in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.</p> <p><u>Daniel Bracy</u> *Signature of Operator or Authorized Repres.</p> <p><u>Daniel Bracy Regulatory Comm.</u> *Name of Person and Title (Type or Print)</p> <p><u>Rosewood Resources Inc.</u> *Operator</p> <p><u>2600 Thanksgiving Tower</u> *Street Address or P. O. Box</p> <p><u>Dallas, Tx 75201</u> *City State Zip</p> <p>Telephone <u>214</u> <u>880-7000</u> Area Code</p> <p><u>7/16/86</u> Date</p>
--	---

INSTRUCTIONS

1. a) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report for a producing well or a dry hole.
b) An original and one copy of this form shall be filed as an attachment to the Completion Report, (form 1002-A) for each cementing company used on a well.
c) The cementing of different casing strings on a well by one cementing company may be consolidated on one form (to be filed in duplicate).
2. Cementing Company and Operator shall comply with the applicable portions of O.C.C. Rule 3-206.
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by Rule 3-206.
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW THE CORPORATION COMMISSION REGULATIONS.

Form No. 1002-C
1985

8606090000

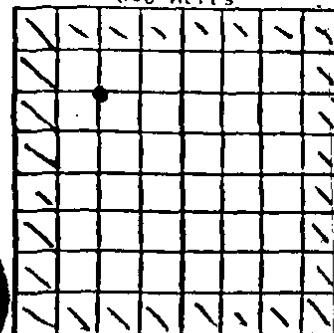
API No. 01122183

OTC/OCC Oper. No. 12710

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORT
OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Bldg / Oklahoma City, Ok 73105-4993
(Rule 3-206)

Rosewood
0316-1874

640 Acres



Locate Well and Outline
Lease

06274



*1. Field Name S. W. CANTON		*2. O.C.C. District Kingfisher	
*3. Operator ROSEWOOD RESOURCES		*4. County BLAZNE	
*5. Lease Name ABSHREE #1-5		*6. Well Number #1-5	
*7. Location 4 4 4 CNW 4	Section 5	Township 17N	Range 13W
CEMENT CASING DATA:	SURFACE CASING	INTER-MEDIATE CASING	PRODUCTION CASING
B. Cementing Date			4-6-86
*9. (a) Size of Drill Bit (inches)			8 1/2"
(b) Estimated % wash or hole enlargement used in calculations.			20%
*10. Size of Casing (inches O.D.)			5 1/2
*11. Top of Liner (if liner used) (ft.)			
*12. Setting Depth of Casing (ft.) - from ground level			11,590
13. Type API Class Cement & amount of Additives used: (a) In first (lead) or only Slurry. (If additional space is needed, use "Remarks" on reverse side)			SELF STABILIZING CEMENT #1 W/ 18% SACT + 1% D60 + 1% D13 + 5% D200 + 2% D46 + 1% D2915K
(b) In second Slurry			
(c) In third Slurry			
14. Sacks of cement used: (a) In first (lead) or only Slurry			600
(b) In second Slurry			
(c) In third Slurry			
15. Slurry Vol/Sacks of Cement (Cu ft/sack): (a) In first (lead) or only Slurry			1.58
(b) In second Slurry			
(c) In third Slurry			
16. Vol of slurry pumped: (Cu ft)(14.X15.) (a) In first (lead) or only Slurry			948
(b) In second Slurry			
(c) In third Slurry			
(d) Total Slurry volume pumped (Cu ft)			948
17. Calculated Annular Height of Cement Slurry behind Pipe (ft)			8800
18. Was cement circulated to ground surface (or bottom of collar) outside casing? Yes or No			No

(CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF).

-OVER-

*Designates 183 as to be completed by Operator. Items not so designated shall be completed by the Cementing Co.

26. Remarks:

*27. Remarks:

CEMENTING COMPANY

I declare under applicable Corporation Commission Rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

D. J. Vance

Signature of Cementer or Authorized Representative

D. J. VANCE SERVICE SUPERVISOR III

Name of person and Title (Type or Print)

DOBELL SCHLUMBERGER

Cementing Company

Box 5157

Street Address or P. O. Box

ENZO *OK* *73701*

City

State

Zip

Telephone *405* *237-5175*

Area Code

4-16-86

Date

OKLAHOMA CORPORATION COMMISSION

*OPERATOR

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 in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

*Signature of Operator or Authorized Repres.

*Name of Person and Title (Type or Print)

*Operator

*Street Address or P. O. Box

*City

State

Zip

Telephone

Area Code

Date

INSTRUCTIONS

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b) An original and one copy of this form shall be filed as an attachment to the Completion Report, (form 1002-A) for each cementing company used on a well.
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4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW THE CORPORATION COMMISSION REGULATIONS.

06274

Why?

10A. OTC/OCC Oper No.
12710
1. API Number
011 22183
2. OTC Prod. Unit No.

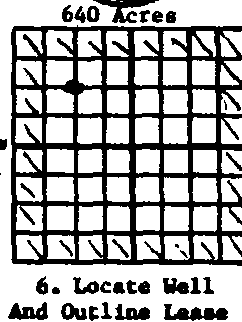
This form is an Original ☒ Amended ☐

To be filed within 30 days after drilling is completed
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Jim Thorpe Building / Oklahoma City, Oklahoma 73105-4999



PLEASE TYPE OR USE BLACK INK ONLY

3. County Blaine Sect. 5 Twp 17N Range 13W
4. Lease Name Abshire 5. Well No. 1-5
7. Well Located 1/4 1/4 CNW 1/4
8. 1320 Ft From S.L. of 1/4 Sect. and 1320 Ft. From W.L. of 1/4 Sect. w
9. Elevation: Derrick Floor _____ Ground 1673
10. COMPANY OPERATING Rosewood Resources, Inc.
Address 2600 Thanksgiving Tower
City Dallas State TX Zip 75201
1. Drilling Started 2/18, 19 86 Drilling Finished 4/16, 19 86
2. Well Completed 7/2, 19 86 Date-First Prod. 7/9, 19 86



3. TYPE COMPLETION

Single Zone X
Multiple Zone _____ Order No. _____
Commingled _____ Order No. _____
LOCATION EXCEPTION _____ Order No. _____ Penalty 14.
INCREASED DENSITY _____ Order No. _____

15. OIL OR GAS ZONES

Name	From	To	Name	From	To
<u>Chester 354 CSTR</u>	<u>9,774</u>	<u>9,778</u>			
<u>Osage 352 OSG</u>	<u>10,766</u>	<u>10,837</u>			
<u>Merramac 353 MRMC</u>	<u>10,425</u>	<u>10,464</u>			

16. CASING & CEMENT

Surf. & Prod. Casing Set					Cag Test		Cement		
Type	Size	Weight	Grade	Feet	PSI	Sax	Fillup	Top	
conductor	<u>20</u>			<u>98</u>		<u>Driven</u>			
surface	<u>2 1/2</u>	<u>13-3/8</u>	<u>54.5</u>	<u>K55</u>	<u>1,047</u>	<u>1,000</u>	<u>875</u>	<u>1,222</u>	Surf
intermediate	<u>3/22</u>	<u>9-5/8</u>	<u>53.5</u>	<u>P110</u>	<u>8,816</u>	<u>3,500</u>	<u>620</u>	<u>756</u>	<u>6,800</u>
production	<u>5-1/2</u>	<u>17</u>	<u>NSU</u>	<u>11,600</u>	<u>3,100</u>	<u>600</u>	<u>948</u>	<u>6,800</u>	
liner									

18. PACKERS SET

Depth 9681 Type _____17. TOTAL DEPTH 11,600

Baker Retrievable Packer

(Over)

19. COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Chester		
SPACING & SPACING ORDER NUMBER	<u>286524</u>		
CLASSIFICATION (Oil, Gas, Dry, Inj. Well)	<u>Oil</u>		
PERFORATED INTERVALS	<u>9774-</u>		
	<u>9778</u>		
ACID/VOLUME	<u>5,000 gals</u>		
FRACTURE TREATED?	<u>10,650 gal</u>		
Fluids Amounts	<u>2% KCl</u>		

INITIAL TEST DATA:

Date	<u>7/9/86</u>		
Oil-bbl/day	<u>9</u>		
Oil-Gravity (*API)	<u>55</u>		
Gas-MCF/day	<u>450</u>		
Gas-Oil Ratio Cu. Ft/bbl	<u>50</u>		
Water-bbl/day	<u>79</u>		
Pumping or Flowing	<u>F</u>		
Initial Shut-In Pressure	<u>2320</u>		
CHOKE SIZE	<u>13/64</u>		
FLOW TUBING PRESSURE	<u>500</u>		

A record of the formations drilled through, and pertinent remarks are presented on the reverse.

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.

Daniel Bracy Signature
Regulatory Coord. Title
2600 Thanksgiving Tower, Dallas, TX 75201

July 12, 1986 Date
214/880-8674 Phone
Address City State Zip

PLEASE TYPE OR USE BLACK INK ONLY

05274

(RULE 3-205) FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

NAMES OF FORMATIONS	TOP	BOTTOM	FOR COMMISSION USE ONLY
Heebner	7,332		<p>Well Completion Report Checklist</p> <p>APPROVED <u>[Signature]</u> DISAPPROVED _____</p> <p>1) ITD Section a) No intent to drill on file (1) Send warning letter (2) Recommend for contempt <input checked="" type="checkbox"/></p> <p>2) Authorized Surety a) No Surety filed b) Expired Surety _____</p> <p>Financial Statement/Letter of Credit/Bond</p> <p>3) Spacing and Pooling _____</p> <p>4) Well Spudded prior to approval _____</p> <p>5) Insufficient surface casing required _____ set</p> <p>6) No test data _____</p> <p>7) Change of location _____</p> <p>8) Well location "off pattern" Spacing Order No. _____ Size Unit/pattern _____ Formation(s) _____</p> <p>9) No record found _____</p> <p>10) Other: _____</p> <p>(Please specify appropriate number from initial rejection letter or other problem found)</p> <p>11) Status: _____</p>
Oswego	8,215		
Inola	8,728		
Chester	9,254		
Merrimac	10,257		
Hunton	10,983		
Sylvan	11,533		
TOTAL DEPTH		11,600	

OIL & GAS CONSERVATION DIVISION
(TECH SECTION)
JUL 24 1986OKLAHOMA CONSERVATION
COMMISSION

Was an electrical survey run? X YES NO Date last log was run _____

Was CO₂ encountered? YES NO If so, at what depth(s) _____

Was H₂S encountered? YES X NO If so, at what depth(s) _____

5. Direct. Survey: True Vertical Depth: _____ 26. Horizontal Projections: _____ (N/S) _____ (E/W)

7. Were unusual drilling circumstances encountered? Yes _____ No X If yes, briefly explain: _____

Other Remarks a 5-1/2" retrievable Bridge Plug set @ 10,200' casing and plug tested to 3,000#. 20' of sand dumped on top. Future completion possibilities for the Osage and Merrimac formation.

1. OTC/OCC Operator Number
12710

Form No. 1000
(Rev. 1988)

PLEASE TYPE OR PRINT IN BLACK INK ONLY

2. API Number

01122183

INTENT TO DRILL APPLICATION
OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Building
Oklahoma City, Oklahoma 73105-4993
(Rule 3-204)

File Original Only

4. NOTICE OF INTENTION TO:

Drill ☒ Plug ☐
Deepen ☐ Back ☐ Amended ☐ Other ☐

5. WELL LOCATION: (If well is to be directionally drilled, put bottom hole location on reverse side.)

Section	Township	Range	County
5	17N	13W	Blaine
Well Location	Feet from Quarter Section		
C NW 1/4	1/4	1/4	South Line 1320 West Line 1320

If unspaced - well will be _____ feet from the nearest lease line.

6. Lease Name Abshire Well No. 1-5

7. Name of Operator	
Rosewood Resources, Inc.	
Address	Phone (A/C/Number)
2600 Thanksgiving Tower	214-880-7000
City	State Zip
Dallas	Texas 75201

8. WELL LOCATION SURFACE OWNER: (Must be completed.)

Name (if more than one, attach sheet)			
Carolee Abshire			
Address	City	State	Zip
1707 Pleasant Trail, Euless, Texas	76039		

9. Target Formations and Depths (Limit to Ten)

Morrow (9020')	402 MRPW
Hunton (11,000')	269 HWTN

10. Total Depth <input checked="" type="checkbox"/> Plug Back Depth <input type="checkbox"/>	11. Ground Elev.	12. Date Oper. to Begin	13. Surf. Casing Depth <input type="checkbox"/> Stage Collar Depth <input type="checkbox"/>
11,400'	NA	2-5-86	1000'

SPACING INFORMATION:

13-A. Do you intend to circulate cement from total depth to surface? (See instructions) Yes ☒ No ☐

14. Spacing Order Numbers and Size of Spacers		
286524/640 AC 132157		
15. Application Pending C.D. No.	16. Location Exception Order No.	17. Increased Density Order No.

18. Is well being drilled under Federal jurisdiction? Yes _____ No ☒ XX
19. Is H₂S anticipated? Yes _____ No ☒ XX
20. Will a fresh water supply well be drilled at this location? Yes _____ No ☒ XX
Will surface water be used in drilling this well? Yes ☒ No _____

PROPOSED CASING DESIGN: (To include surface casing. If space below is insufficient attach separate sheet.)

21. Casing Size (Inches)	22. Section Length (Feet)	23. Casing Weight (lbs/ft)	24. Casing Grade	25. Setting Depth (Feet)	26. Est. Top of Cement (Feet)	27. Design WHP PSI	28. Design Mud Wght. (ppg)	29. B.O.P. (Class)
13-3/8	1000	54.50	K55	1000	surface		10.0	13-5/8-10,000
9-5/8	8500	47	N80	8500	7000		10.0	"
7-5/8	1600	39	S95	9800	8200	5050	15.0	"
5 x 5-1/2	3300/8100	15/17	N80	11400/8100	8000	3740	10.0	

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.

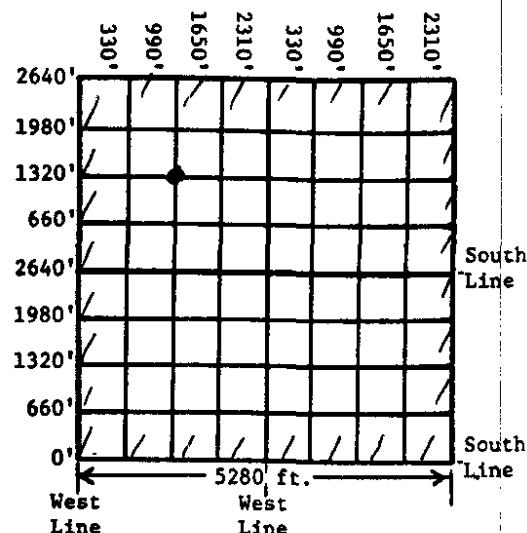
Signature	Title	Date
<i>[Signature]</i>	Drilling Manager	1-22-86
Address (if different than No. 7 above)	Phone (A.C./Number)	
	214/880-7000	

NOTICE: This application is void if drilling is not started within six (6) months of approval date. An approved copy must be posted on location while drilling and completing.

O.C.C. Number

11235004

3. Locate Well and Outline
Lease or Spacing Unit

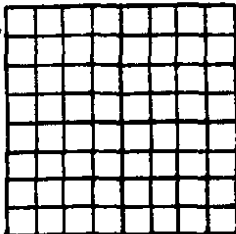


06274

Section Township Range API Number

3 6 0 6 0 9 0 0 0 0 1

Locate Bottom Hole



BOTTOM HOLE LOCATION ON A DIRECTIONALLY DRILLED WELL

Section	Township	Range	County
Well Location		Feet from Quarter Section	
		South Line	West Line

06274

COMPLETION INSTRUCTIONS:

1. List the OTC/OCC Operator Number assigned to you.
2. To be assigned by OCC. You must use this number on all future correspondence about this well and on all future forms completed when it is requested by the Commission.
3. Mark the plat located in the upper right hand corner for the form with the well location.
4. Check the proper box, indicating whether this application is to deepen a well, drill a new well, plug back an existing well, if the application is an amendment or, for some other reason, such as re-entering.
5. Legal description of the location intended to be drilled, including the number of feet the well is located from the South Line and the West Line of the quarter section. If on unspaced property, give the number of feet well will be from nearest lease line.
6. Give the Lease Name (or Farm Name) and the well number that you are going to assign to the well.
7. Legal company name of operator. If individual, give full name. Also give the address of the operator.
8. List the name and address of the surface owner where the well is to be drilled.
9. Give the names of formations and depths of each formation from which you are proposing to produce. Limit to ten. Use nomenclature referred to in Rule 1-507.
10. If the application is for drilling a new well, give the estimated total depth, that you plan to drill, in this space. NOTE: If this application is to plug back an existing well, give the plug back depth in this space.
11. Give the elevation of the ground level at the drilling site. (Number of feet above sea level.)
12. Give the proposed date that drilling operations are to commence.
13. List the total depth, in feet, of the surface casing. If you plan to use a stage collar, list the setting depth.
- 13-A. If you opt to cement the production casing from total depth to surface, answer "yes" to this question and submit a cement bond log with the form 1002A upon completion of this well as required in Rule 3-206.
14. If the property, where well is to be drilled has been spaced, list the spacing order numbers and the size spacing for each formation.
15. If spacing has been applied for but not approved, list the application C.D. Number assigned by the Commission.
16. If a Location Exception has been granted, list the order number.
17. If an Increased Density has been granted, list the order number.
18. Indicate whether the land where well is to be drilled is under jurisdiction of the Bureau of Land Management or is restricted Indian land.
19. If offset or other operators in the local area, where you intend to drill, encountered concentrations of H₂S in excess of 100 parts per million or, if for any other reason, you anticipate such encounter you must answer "yes" to this question.
20. Answer "yes" if you have drilled a fresh water well. If water is to be used from a creek, stream or a surface owner's pond, answer "yes".
21. Casing size in inches shown in one to four digit decimal as applicable. Ex: 7 must be shown as 7.0. You must show 10-3/4 as 10.750. Do not list fractions.
22. List length of each casing string section (or segment) according to weight and grade run. The sections are to be listed in the order in which they are run in the hole.
23. List casing weight in pounds per foot shown in decimals. Ex: 53.50
24. List alphabetic/numerical grade of casing as given by manufacturer. Ex: p110
25. List depth in which the bottom of each casing string section (or segment) is set.
26. List the depth to the approximate planned top of cement.
27. Anticipated wellhead pressure used in the design of each casing string.
28. Planned weight of mud in pounds per gallon to be used while drilling through each casing string. Ex: 10.2
29. Pressure rating of blowout preventer planned to be used based on API classification. Ex: 3 (3 = API class 3M, which indicates working pressure rating of 3000 psi).

FOR COMMISSION USE ONLY. DO NOT WRITE BELOW THIS LINE

INTENT TO DRILL CHECKLIST

APPROVED REJECTED

hp
but

D
OK

1. Surety
 - A. None filed
 - B. Expired BMD/LC/FS
 - C. Outstanding Contemp Order
2. Pending C.D. No. _____ (SPACING/LOC. EXCEPTION)
Hearing date _____
3. Surface casing, need _____ feet
 - A. Anadarko Restricted Area
 - B. Less (50')/More (90') than 1,500 feet
 - C. Option for 3.B.
 - D. Reentry, Surf. casing (existing) _____ feet
4. Not spaced Less (165')/More (330') than 2,500 feet
Only _____ feet from N/S and _____ feet from E/W Lease Line
5. Spacing Order No. _____
 - A. Square pattern, 2s, 10, 40, 160, 640
 - B. Slot pattern
Acres - (5/20/80/320)
Post-1971 (Y, N) S.U./L.D.
 - C. Rectangular Pattern
5/20/80/320
NW/SE or NE/SW
 - D. Too many wells, acres _____
 - E. Deviated Hole (Surface off pattern)
6. Location Exception
 - A. Bottom hole off pattern
 - B. Surface Location off pattern
7. Operator name different on order# _____
Previous name _____
Location Exception/Increased Density/Fooling _____
8. Special Orders apply. Yes ☐ No ☐

132157-640/MW
286524-640/MW km,
Mnt