LOCATE	WELL	ON GRI	D BELO	2109205 LUCEING RECORD (Rule 3-405)	WIDING
2640'J 1980' 1320'				OKLANONA CORPORATION CONNISSION Oil Gas Conservation Division Jim Thorpe Building Oklahoma City, Oklahoma 73105	WUMS
660° 2640'				Fill out completely and mall to District I: (916]-367F3# 115 W. Sixth Street/P. 4. Box H	
1980'				Bristow, Okiahoma 74010	Dis Dis

1320' 660'

01

4-3-92

Form 1003/1003Ca (Rev. 1988)

Replaces separately a forms 1003 and 1003C

TYPE OR USE BLACK INK structions on back of form

ill out completely and mail to dis	trict office:
istrict 1: (914 367 3796 F	η η <b>θιατρίος</b> [[]: (405) 255-0103
15 W. Sixth Street/P. Q. BOR 初户	W1955 F14 BIVG./P.O. BOX 1925
ristov, Okiahoma 74010-2 5 5	4 UDencent Oktenome /3553
istrict I: (916 367 3796 15 W. Sixth Street/P. 0. Der UPF ristow, Okiahoma 74010	District IV: (405) 332-3441

District II: (405) 375-5570 202 E. Hiles Kingfisher, Oklahoma 73750 NOV 24 1904da, Oklahoma 74820

The API number of the well is CHAMPAG--If you do not know number, call Petroleum (Information, COMMISEIO, 405) 848-9824. KINGFISHER OFFICE the API

Lease	Nane	Well No.	County	API NUR	A	Well	<b>TD:</b> 11,015	1
Abs	hire	1-5A	Blaine		<u>2183 A</u>		Pipe Rec	ord
Locat	lon 5 /4 /4 CNW4	ection Townsi 5 171			from 1/4 set 1 1320 fw	i Size	Run (ft)	Pulled (ft
Namu (	of Operator Marsha	11 Oil Corpo	ration	062	Operator No.	20"	98'	
Addres				Date Piu 11/1	ging Complete 14/92	13-3/8 9-5/8		5136'
<b>City</b> Oklah	oma City 0	ste klahoma	<b>Zip</b> 73154	Type of Gas	Well	5½''	11,600'	8405.11'
	(A.C.) 405-84	0-4389		Trestab	le Water Dept	h <u>2-7/8'</u>	10.675'	10.675'
Piug	Type of Plug CIBP, Cement, Packer etc.	Size Hole or Pipe of Placement	Depth	lf cement, Number of Sacks	Siurry Volume	Calcula TOC	ted To	leasured of Plug f Tagged
1	CIBP	5½''	9700'	2		9680		<u> </u>
2	Cmt. plug	13-3/8"	1160'	200	412 bbls	947		10'
3	Cmt. plug	13-3/8"	33'	25		·		3'
4					l	<u> </u>		<b></b>
5					I			2
PERFO	ORATION DEPTHS:	Set 1-From: Set 3-From:	9774' 1 <u>0,766'</u>	t To: 9778 t To: 10,87	B' Set	2-From: _ 4-From: _	0.425' To: To:	<u>N</u>
REHAR	KS:							Ň
······								
Peaso	n for plugging:	Non Pr	oductive					

that is a such of its to make this correction, that i have knowledge of the well data and information pre- sented in this report, and that date and facts presented are true, correct, and complete to the best of my know- ledge. This cartification covers all well data and information presented herein.	DiSCLAIMER; By signing this form, the District Manager has ap- proved the contents
Signature of Operator or Authorized Representative	thereof as to form only. Said District Manager does not
Name of Person and Title (Type or Print) Date	warrant that the facts provided by the operator are true or that the above described op-
Name of Field Inspector	erator has properly plugged the above- described well.
Signature of Bistrict Manager Thuge	
	<pre>i declars under spelicible Corporation Commission rule, that i am authorized to make this cortification, rule, that i am authorized to make this cortification, that i new knowledge of the well data and information pre- sented in this report, and could date and facts presented are true, correct, and could date the best of my know- nedge. This cortification covers all well date and information presented herein. Signadure of Operator or Authorized Representative Jack Russell 11/14/92 Name of Field Inspector Sidney Gracey</pre>

**T** 1 m



# **.** \* INSTRUCTIONS:

- 1. Form must be completely filled out and sent to district office within within 30 days after blugging 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.
  - Comenting Company and Operator shall comply with the applicable portions of O.C.C. Rules 3-404 and 3-405. 2.
  - in specifying the type of plug use the following notation: CIBP cast iron bridge plug. 3. Α. CEM - cement plug. CIBP + CEN - cast iron bridge plug and cement. Packer - packer. If other abreviations are used, please define.
    - Cement plugs shall be placed in the well bore as required by Rulas 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). 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. 8. Cement plugs shall be placed in the well bore as
    - C. which the plug is placed.
    - A 30 feet cement plug is required to be placed near the top of the well. (Rule 3-404-g). D.
  - 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

App roved	Rejected		
		1.	API Number Invalid
		2.	Legal Description Invalid for County
		3.	Operator Number Missing/Invalle
		4.	Well Location Invalid/Hissing
<del></del>		5.	Lease Name Hissing 🔊
	<u></u>	6.	Well Number Missing
		7.	Plugging Date invaild
<u></u>		8.	Well Type Hissing/Invalid
		9.	Well Total Depth Missing/Invalid
·	<del></del>	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 Nissing
<u> </u>		16.	Plugging Contractors Name Missing
		17.	information on Plug - Cementing Company
		18.	Other:

OKLAHOMA CORPORATION COMMISSION

Juni 11 1993

OIL & GAS CONSERVATION

										20	601021	
10A. OTC/OCC Ope 06211 I. API Number	r No.		This	form is a	an Oriei	nal 🔀	Amendee	d []	(SAY JAA)			Form 1002-A Rev. (1985)
011-22183		TO LA HIAL							19. COMPLETION	& TEST DATA B	Y PRODUCING FO	RMATION
2. OTC Prod. Uni 011-89768				ERVATION D		. 70105 //	202			MSSLM 1		3
	U J 100	Thorpe Buil			, UKLANOMA	a 73105-45	193				· · · · · · · · · · · · · · · · · · ·	
3. County Bla						_ ^	640 Acres		SPACING & SPACING ORDER NUMBER	640 286524		
4. Lease Name				-		- 1			CLASSIFICATION	6		
7. Well Located				4		- /	<del>┨╢┨╽</del>	┿┿╋	(011, Gas, Dry, Inj. Well)			
8. <u>1320</u> Ft Fre					. of a Se		<del>┥┤╉</del> ┼	╺┼┼╊	}	10,766-10,	837 UA	
9. Elevation: D	errick Flo M	or	Ground	1680'		- 1			PERFORATED	ļ		
10. COMPANY OPERA						- 1-	╅╬╋┽		INTERVALS			
Address 1010	N.W. G	rand P.C	$\frac{1}{0}$ box $\frac{1}{2}$	73	154		Locate V	Survey P	2			
City_Oklaho						- And (	Dutline I					
11. Drilling Star									ACID/VOLUME			
12. Well Complete	a <u>4/3</u>	,19 <u>_92</u> Da	te-First P	rod. <u>5/29</u>	,19	92			FRACTURE TREATED?	}	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>							Fluids Amounts		<u> </u>	
13. TYPE COMPLETI									INITIAL TEST DATA:	<b>F</b>		······································
Single Zone			-						Date	4/3/92		
Multiple Zone									Ofl-bbl/day	6		
Commingled			_				14	4.	011-Gravity (°API)		00	
LOCATION EXCE						_ Penalty	у		Gas-MCF/day	560	N	
INCREASED DEN	SITY		Order No	··	·				Gas-Oil Ratio Cu. Ft/bbl	19 BLW		
		15.	OIL OR GA	S ZONES			· · · · · · · · · · · · · · · · · · ·		Water-bbl/day Pumping or Flowing	Flwg	05	
Name		From	То	Na	me	Fro	n	To	Initial Shut-In Pressure	2600		
Miss Solid		10,766	10,837'	OA	······································				CHOKE SIZE	20/64"		
<u>.</u>	<u></u>		·						FLOW TUBING PRESSURE	525		
				<u> </u>					A record of the formation		ugh, and perti	nent remarks
• 			CASING &		<b></b>	···			are presented on the reven		_	
		rod. Casing S			Csg Test		Cement	1	I declare that I have know am authorized by my organ:			
Туре	51ze 20''	Weight	Grade	Feet	PSI	Sax	Fillup	Тор	prepared by me or under my	y supervision	and direction,	with the data
Conductor	13-3/	62.7i 8'' 54.5i	- All and a second s	98 1,047	1000	Driven 875	L	Cure f	and facts stated herein to best of my knowledge and b		rect and compl	ete to the
Surface	13-3/	0 54.5		1,047	1000		1,222	Surf	where of my knowledge and			
Intermediate				<u> </u>				1	Mayinet	and	Corporate	Secretary
Production	5.50"	17#	<u>N80</u>	8,460'		ry & ti		Usg	Signature)		Title	
Liner	l	l	<u> </u>	<u> </u>	string	to sur	Lace	1	P.O. Box 54949	Oklahoma	City Okla	
18. PACKERS SE	t				17,	TOTAL DE	рт́н 11,	015	Address		ity State	
Depth	10,67	5'	Тур	e Otis 5	½" MH		·	<b></b>	May 29th, 1992		405-840-4	389

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22. LEASE NAME \_\_\_\_\_ Abshire Re-Entry\_\_\_\_\_

23. WELL NO. 1-5A

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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.

24.	NAMES OF FORMATIONS	ТОР	BOTTOM	
	, Re-Entry			FOR COMMISSION USE ONLY
	002105			AFFAUTE       1) ITB Section         a) Bu increase to Drill on file       (i) Social morning lattor         (ii) Social morning lattor       (ii) Social morning lattor         (iii) Anthorized Surgery       0) The Sorcial Statement for contempt         (iii) Social Morning lattor       (iii) Social Social Statement for contempt         (iii) Social Statement for contempt       (iiii) Social Statement/Lattor of Credit/Bond         (iiii) State Surgery       0) Well Special Statement/Lattor of Credit/Bond         (iiii) Social Social Social Statement/Lattor of Credit/Bond       (iiiii) Special Social Statement/Lattor of Credit/Bond         (iiii) Special Statement/Lattor of Credit/Bond       (iiii) Special Statement/Lattor of Credit/Bond         (iiii) Special Statement/Lattor of Credit/Lattor       (iiiii) Special Statement/Lattor         (iiii) Special Statement/Lattor       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
	TOTAL DEPTH	<u> </u>	11,015'	
	Was an electrical survey run?	- <del>NO</del>	Date last 10	g was run
	Was CO <sub>2</sub> encountered? X	If so, an	t what depthi	s)
	Was H2S encountered?	If so	, <u>at</u> what dej Hou De Pau	th(s)
25.				No If yes, briefly explain: OKI AHOMA CORPORATION
		· · · · · · · · · · · · · · · · · · ·		
				OIL'& GAS CONSERVATION
	Other Remarke No Logs run o	n Re-Entra	7	
	Other Remarks No Logs run o			· · ·
		<u></u>		
		•	<del>-</del>	

CKLAHOMA CORPORATION COMMISSION PERMIT TO DRILL PCN: C1170220L7 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 -SPOT LOCATION: CNW4 COUNTY: BLAINE FEET FROM: SOUTH 1/4 SECTION LINE 1320 FEET FROM: WEST 1/4 SECTION LINE 1320 FEET FROM THE NEAREST LEASE LINE 1320 WELL NO: 1-5A LEASE NAME ABSHIRE RE-ENTRY OPERATOR NAME: MARSHALL OIL CORPORATION OPERATOR RETURN ADDRESS SURFACE OWNER ADDRESS MARSHALL OIL CORPORATION CAROLEE ABCHIRE %TOM MORGAN, ATTY P.O. BOX 54949 OKLAHOMA CITY OK 73154 109 N. WEIGLE OK 73772 WATONGA 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) 10800 🔿 351MSSLM MISS LM 021

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-OGR 3-204.

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# 002105

		, The state		
FILE ORIGINAL ONLY PLEASE TYPE OR USE BLACK INK	APPLICATION TO DRILL RECOMPLETE OR RE (See Instructions on Back)			FORM 10. Rev. 199
1. OTC/OCC OPERATOR NUMBER 06211 2. API NUMBER	OKLAHOMA CORPORATION COMMISSION Oil & Gas Conservation Division	В	atch Number (00	
ONDZI83 X	Jim Thorpe Building Oklahoma City, Oklahoma 73105-499 (Rule 3-204)	93 L	LOCATE WELL A	
DRILL RECOMPLETE	Resson REENTER AMEND Amended	AL	-5280	
TYPE OF DRILLING OPERATION: STRAIGHT HOLE DIRECTI Note: If, directional or horizonu	IONAL HOLE HORIZONTAL HOLE	2310		
WELL LOCATION : Section Township	Range County			
5 17N	13W Blaine	- 330	╉─-╂──╂─	
Spot Location: 1/4 1/8 1/8	Feet from querter section lines C/NW/s South line 1320 West line 1320	2310		
	irest lesse, unit or preperty boundary.	<u>}</u>		
		1650{	+	
. LEASE NAME: Abshire Re-1 NAME OF OPERATOR:		990	┥┥┥	
Marshall Oil	Corporation PHONE (AC/NUMBER)	330		
P.O. Box 54949	405-840-4389		41980 41980 41320	1 3 2 0 1 3 2 0 1 3 2 0
CITY Oklahoma City	STATE ZIP CODE Oklahoma 73154	]		
. NAME OF SURFACE OWNER: (one o	nly, sttach sheet for additional owners}	11. Is well icc	ited on lands under	<u>·</u>
Carolee Abshi	re % Tom Morgan, Atty		r well be drilled?	
109 N. Weigle		Will surfac	a water be used?	A DH
CITY Watonga	STATE ZIP CODE Oklahoma 73772	IS. UATE OFE	KATION TO BEGIN	
. TARGET FORMATIONS AND DEPTHS				Abshire WELL NAME
ے Mississippi <del>Ga</del>	ime 10,800' 351 MSSLM			hir
			···· · · · · · · · · · · · · · · · · ·	
				TOWN
SPACING ORDER NUMBER	22E UNIT(S):			
······································	acres			, ' '
Pending Application C.D. No. NA	17. Location Exception Order No. 18.	Increase Density O		RANGE
Total Depth 20. Ground Elev. 21 10,900' 1680-	. Depth to base of trestable 22. Suffect the contract of the c	23. Will altern	etive casing be used? Y XIN	ER ER
Alternative Casing Procedures, o	theck box and fill in blank (Affidavit Required, see Rev	erse Side): w	VALK THHU	Det i
WA A. Coment will be circulated B. Coment will be circulated	i from total depth to the ground surface on the production	on casing string		
. Pit Information:	Letter 2 - 7-92	···· <b>,</b> · ··· <b>,</b> · ··· · ·	Ing tool. Ste Tanka 2 f	the server
A. Type of Pit System: 5 B. Type of Mud System: 1	water basedold based if off-site, specify location: water basedold basedgas based (air_drilled)	- the	fam 32f	ut in
C. Expected chloride conten	t: maximum <u>440 050</u> ppm; average <u>500</u> ppm. d water greater than 6 ft, below base of ¤1/2 Byes ⊡no	<b>.</b>	1 thank	
. For OCC Use Only:		$\pi M$	sh sport 7	Γ
<ul> <li>A. Is pit located in an hydro</li> <li>B. Category of pit: 1 13</li> </ul>		<b>X</b> in the second secon		
PROPOSED METHOD FOR DISPOS	AL OF DRILLING FLUIDS (must be completed):		APPRO	VED
A. Evaporation/dewater and B. Solidification of pit conte				
D. Noncommercial land appli	nts; es permit and surface casing set 200 ft. below base of T cation (requires permit);	restable Water-b	PEB'07	1992
E. Haul to commercial pit fac F. Haul to commercial soll fa	cility; specify site			
C. Other method; specify	Thorized to submit this two page application oposals mide herein are true, correct and co	which was parameter to the	repared by me of	or under my
lief.	NAME (Print or Type)	PHONE (AC/NUI		
madine han	<ul> <li>Maxine Kane</li> </ul>	405-840-43		
TICE Approval is unid if o	perations have not commanced within six month	e of the date	of approval	An approved

SIGNATURE	1/	NAME (Print or Type)	PHONE (AC/NUMBER)	DATE
marine	Aane	• Maxine Kane	405-840-4389	02/06/92
NOTICE: Approval i	s wid if operation	s have not commenced with	hin six months of the date of a	pproval, An approved
permit must be pos	ted at the location	during drilling and compl	letion operations. File the Form	1001A, Spud Report,
within fourteen day	's of commencement of	operations.	-	

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T Locate bottom hole location(s)					
		LOCATION FOR DIRECTIONAL	HOLE		
<u>↓</u>			COURTS		
	Spot location	7.	et from quarter set	tion lines	
	1/4 1				
	Measured	True 1/4 201	Bottom hole	location from	<u> </u>
	Total Depth	Vertical Depth	lease, unit	or property )	ine:
		LOCATION FOR HORIZONTAL			
┠──┼─┼╼╉╼┽─┾┯┯┯┫	Drain hole	1	OLL (DRAIN BOLLES)		
┟┈┈╼┲╼╌┽╼╌┽╼╍┿╾╴┨	SEC 7	MPRGE	COUNTY		
	Spot location of e	and point Fe	et from quarter set	tion lines	
	1/4 1/				
If more than two drainholes are		74 1/4 1/4 50 Radius of	Direction	Total	
proposed, attach separate sheet indicating the necessary		Turn	<b></b>	Length	
information.	AME & BUL CO	True	End point lo		
Direction must be stated in	Total Depth	Vertical Depth	lease, unit	or property 1	ine:
degree azimuth.		2			
-	Anna Anna Anna Anna Anna Anna Anna Anna	MP RGE	COUNTY et from quarter set	14000	
Please note, the horizontal drainhole and its end point must	-	• · · · · · · · · · · · · · · · · · · ·	-		
be located within the legal	Depth of	4 1/4 1/4 Boy Radius of	Direction	<u>West line</u> Total	
boundaries of the lease or spacing		Turn	PIAGUCIÓN	Length	
<ul> <li>unit. Directional surveys are required for all drainholes and</li> </ul>		Turn True	End point lo		
directional wells.	Total Depth	Vertical Depth		or property 1	line
Water wells are found, pl Name of owner/operator A	ddress of owner/oper	rator Location (neare	st 1/4 1/4 1/4)	Deepest prod	lucing inte
		rator Location (neare	DET 1/4 1/4 1/4)	Deepest prod	lucing inte
		rator Location (near	SET 1/4 1/4 1/4)	Deepest prod	lucing inte
Name of owner/operator A	ddress of owner/oper			······································	
	ddress of owner/oper	d submitted from not les		······································	
Name of owner/operator A	ddress of owner/oper oquired to be run ar to the ground surfac WTENT 1	nd submitted from not les se.		w the base of	the treat
Name of owner/operator A	ddress of owner/oper equired to be run ar to the ground surface NTENT 1 (Fee	nd submitted from not les	s than 100 ft belo	w the base of	the treat
Name of owner/operator A	ddress of owner/oper equired to be run ar to the ground surface MITENT 1 (Fer pred Rejected 0	nd submitted from not les Se. TO DRILL CHECKLIST FOCC Use Only)	s than 100 ft belo	w the base of	the treat
Name of owner/operator A	ddress of cwmer/oper quired to be run ar to the ground surfac WTENT 1 (Fer pred Rejected 1.	nd submitted from not les ce. TO DRILL CHECKLIST r OCC Use Only) Surety A. None filed	s than 100 ft belo	w the base of	the treat
Name of owner/operator A	ddress of cwmer/oper equired to be run ar to the ground surface MTENT 1 (Fer pred Rejected 1.	nd submitted from not les :e. TO DRILL CHECKLIST r OCC Use Only) Surety A. None filed B. Expired: dete	s than 100 ft belo	w the base of	the treat
Name of owner/operator A	ddress of cwmer/oper quired to be run ar to the ground surfac WTENT 1 (Fer pred Rejected 1.	nd submitted from not les 	s than 100 ft belo	w the base of	the treat
Name of owner/operator A	ddress of cemer/oper oquired to be run ar to the ground surfac MTENT 1 (Fer pred Rejected 1. 2.	nd submitted from not les :e. TO DRILL CHECKLIST r OCC Use Only) Surety A. None filed B. Expired: dete	s than 100 ft belo	w the base of	the treat
Name of owner/operator A 4. A cement bond log is re water-bearing formations 00'0\$ 900 00'05 900 X03H	ddress of owner/oper quired to be run ar to the ground surface NTENT 1 (Fer pred Rejected 1. 3. 2.	nd submitted from not les 	s than 100 ft belo	w the base of	the treat
Name of owner/operator A 4. A cement bond log is re water-bearing formations 00'0\$ 9 00'0\$ 9 00'0\$ 111 00'00\$ 111 00'00\$ 111 00'00\$	ddress of owner/oper quired to be run ar to the ground surface NTENT 1 (Fer pred Rejected 1. 3. 2.	nd submitted from not les 	s than 100 ft belo	w the base of 1 640A: 002 0	the treat
Name of owner/operator A 4. A cement bond log is rewater-bearing formations 00'0\$ 944 00'0\$ 944 00'00\$ 1114 00'00\$ 1114 00'00\$ 015	ddress of owner/oper quired to be run ar to the ground surface NTENT 1 (Fer pred Rejected 1. 2.	nd submitted from not les re. TO DRILL CHECKLIST r OCC Use Only) Surety A. None filed B. Expired: date C. Outstanding Contempt Order Intents	s than 100 ft belo	w the base of	the treat
Name of owner/operator A 4. A cement bond log is re water-bearing formations 00'0\$ 9 00'0\$ 9 00'0\$ 111 00'00\$ 111 00'00\$ 111 00'00\$	ddress of owner/oper quired to be run ar to the ground surface NTENT 1 (Fer pred Rejected 1. 2.	nd submitted from not les 	s than 100 ft belo	w the base of 1 640A: 002 0	the treat
Name of owner/operator A Acceleration bond log is rewater-bearing formations 4. A cement bond log is rewater-bearing for	ddress of owner/oper quired to be run ar to the ground surface NTENT 1 (Fer proof Rejected 1. 2. 3. 4.	nd submitted from not les re. TO DRILL CHECKLIST r OCC Use Only) Surety A. None filed B. Expired: date C. Outstanding Contempt Order Intents Specing Geology	s than 100 ft belo	w the base of 1 640A: 002 0	the treat
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Autom 112       Section Township Range       Weil inc. from 1/4 sec       The Township Range       Weil inc. from 1/4 sec       The Township Range         / CRW // A       5       17N       13W       13W       1320 Tell 1320       Tell 1200       Tell 1320       Tell 1200       Tell 1200       Tell 1200       Tell 1200       Tell 1200       Tell 1000	0" L		Weil No.	number, ca County	API NUM	RPORATION C	MANC., at OMMISSION OFFICE	(405) 848- L ID: <u>11,600</u> 1	9824. PBTD-	
CRM         Frage         Condition         Condition <thcondition< th=""> <thcondition< th=""> <thcondition< <="" th=""><th></th><th></th><th>والمتركبين القبق عظاركم فبزك ببيز تستهيدان</th><th></th><th></th><th></th><th>10.</th><th></th><th>_</th><th></th></thcondition<></thcondition<></thcondition<>			والمتركبين القبق عظاركم فبزك ببيز تستهيدان				10.		_	
Rosewool Resources       Inc.       12710       13 2/10 1000       9 5/8 8,816       1,136       Surf         Addresse       Date Plugging Complete       9 5/8 8,816       1,136       Surf         200 Croscant Cr       Suits 300       414-90       9 5/8 8,816       1,136       Surf         200 Croscant Cr       Suits 300       414-90       1.0.1       20       9.5/8 8,816       1.0.1         City       State       7520       oil       20       9.6/7       1.0.1       1.0.1         Dallas.       Treacble Water Depth       If cement,       1.0.179       1.0.179       1.0.179         Phone (A.C.)       Treacble Water Depth       Number of Surry       Calculated       Measured       700 of Plug       1.72         1 Cement       5 1/2 0,700'       3       9.679       9.679       904''''         2 Crap       5 1/2 0,700'       3       9.679       904''''       10''''''''''''''''''''''''''''''''''''	/CN	y /4 /4 /4	5 171	N 13W	1320 '	1320	VI SIZO	Run (ft)		
Address       Date Plugging Compilete       9.2/20.0120       Pilot 0         200 Creacant Cr Suita 300       4-14-90       5.1/20.1600       8.426       1.C.         City       State       Zip       Type of Heil       20       20       9.2/20.0120       8.426       1.C.         Dallas.       Texas       75201       otil       20       9.2/20.0120       8.426       1.C.         Phone (A.C.)       Treatable Vater Depth       30       20       9.679       9.679       9.679         1 CeBabt       5.1/2       10.200'       3       10.179       9.679       904'''         2 CTRP       5.1/2.9.700'       3       39.20       10'''       904'''         3 Cement       5.1/2.9.700''       3       39.20       10'''       904'''         4 Coment       9.5/8.50'-10''       35.39.20       10'''       904''''         4 Coment       9.5/8.50'-10''       35.39.20       10'''       904''''         5 feature of endities contraction contractio	Name	of Operator				Operator No.	13 5/8	1,047	<u> </u>	
Address     Date Frequency Creaceant Cr = Suite 300     Address     Sile Frequency State			Inc.				9 5/8	8,816	5,136	Surf
City       State       Zip       Type of Weil       20       Q.P       I.C.         Dallae.       Texas       75201       otil       otil       20       Q.P       I.C.         Phone (A.C.)       Trestable Water Depth       -       Volume       P.C.       Volume       P.C.         Plug       Type of Plug       Sire Mole       If common for Plug       Firescament       Performed       Volume       Performed       Top of Plug       Top of Plug       Top of Plug       Top of Plug       If common for Plug       If common for Plug       If common for Plug       Performed       Top of Plug       Performed			Quid to 200					11.600	8.426	1.C.
Dallas.       Texas       75201       017         Phone (A.C.)       214-821-5700       Treatable Water Depth       Lnn.         Visp. of Flug.       Size Mole       Proceeding       Size Mole       Lnn.         Visp. of Flug.       Size Mole       Proceeding       Size Mole       Lnn.         Visp. of Flug.       Size Mole       Proceeding       Siurry       Calculated       Messured         1       CeBeRt       5 1/2       10,200'       3       10,179       Siged       Proceeding         2       CRBP       5 1/2       9,700'       3       9,679 -       904'-         3       Cement       5 1/269 5/8       50'-10'       35       39.20       10'-         5       Cement       9 5/8       50'-10'       35       39.20       10'-         5       Set 3-From:       To:       To:       To:       To:         7       Set 3-From:       Ft To:       9,428       Set 2-From:       To:         7       Set 3-From:       Set 3-From:       To:       To:       Set 3-From:       To:         7       Set 3-From:       Set 3-From:       To:       Set 3-From:       To:       Set 3-From:       To:     <				Zip						1.C.
Phone (A.C.)       Treatable Water Depth       Unr.         214-871-5700       40°         Type of Plug       Size Hole       1° cement, GP, Cement       1° cement, Plug Packer etc.       I'r cement, Placement       I'r cement	1 -	ns	XAA	75201					1	P.C.
214-871-5700							:h		+	
Construct       Processor       Depth       Number of Sacks       Sturry       Calculated Too       Top of Plug If Tagged         1       Campent       5 1/2       10,200'       3       10.179       10.179         2       CTRP       5 1/2       9,700'       3       9,679       904'**         3       Cement       5 1/269 5/8       '947'       245       274.40       904'**         4       Cement       9 5/8       50'-10'       35       39.20       10'**         5       9       5       50'-10'       35       39.20       10'**         7       Set 3-From:	L	214-871	-5700			40'			<u> </u>	
-       CEMERT:       5 1/2       10.200*       3       9.679         3       Cement       5 1/269       5/8       1.947*       245       274.40       904*         4       Cement       9 5/8       50*-10*       35       39.20       10*         5	Plug	CIBP, Cement,	or Pipe of	Depth	Number of			ted To	p of P	lug [
2       CIBP       5 1/2       9,700*       3       9,679 <sup>-</sup> 3       Cement       5 1/269 5/8       1* 14/7       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:         70:       Set 3-From:        Ft To:       Set 4-From:       To:          REMARKS:        Set 3-From:        To:	1	RBP	5 1/2	10.2001			10.17	9	الفحذ بشبكو وبرديد	i i
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Remarks:	5	<u> </u>	<u> </u>	<u></u>		L	L	<u>_</u>		
Reason for plugging: NON-PRODUCTIVE         OPERATOR         I deciare under set inder and the constant of the set information pro- that is an authorized to make this cortification, that the report was performed by me or under an under set under set information pro- true, correct, and complete to the best of my knowledge this excitification covers comming deta only.       I deciare under set information pro- sected in this report, and that deta and facts or sets of my knowledge this excitification covers comming deta only.       District manager is sected in this report, and that deta and facts or sets of my knowledge this excitification covers comming deta only.       District manager is sected in this report, and that deta and facts or sets of my knowledge this excitification covers comming deta only.       District manager is sected in this report, and that deta and facts or sets of my knowledge this excitification covers comming deta only.       District manager is sected in this report, and that deta and facts or sets of my knowledge this excitification covers comming deta only.         Mame of forsen and listic (type or print)       Date       Dan Bracy, Regulatory Coordinator Signature of forsen and listic (type or print)       Date         Proctor's Casenty Pullers #312 Comming Company       Foreit Rubber for described on Signature of list (the Company for the second colst for the second of the second of the second for the second of the second of the second of the second col the second for the second of the second of the second of the second of the second of the second of the second for second of the second of the second of the seco			Set 1-From Set 3-From	: <u>9,774</u> F	t To: <u>9.478</u> t To:			To:		
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	that is the piac the repo and that true, co This cor Signatur Larry Name of <u>Proct</u> Combusin 6209	w under applicable in authorized to main of coment piu ing of coment piu ing of comenting de the comenting de tification covers of <i>y Murray</i> Person and Title (T) or's Casing P g Company Aluma Valley	Corporation Complete also this consisting as in this well at me or under my suit to the best of my ementing data only.	-20-90 Gate Ne Mather 11 Number 478-0591	Dan Bracy, man of figit	Inter or Authorized Regulatory Title (Type or Magneter Title (Type or Magneter Magneter Magneter Magneter Magneter	and Represented	Ltor Dete 5/17/90	SIGNAT DISCLAI DISCLAI y signi orm, the nanger round the hereof s scrant t sccs pre- he opers rue or pove desc rator hes lusced th	WEE MER: District has ap- contents s to form District does not that the vided by tor are that the ribed ou- properly e show-

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Zip

Oklahoma City,Ok.

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: 747100

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OKLAHOMA CORPORATION COMMISSION

JUL 1 0 1990

**OIL & GAS CONSERVATION** 

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				0.	316-17 Rom	67 0	•
Fore No. 1002-C 1985 8 6 0 6 0 9 0 0 ταγ		IG REPORT	NDT		Ros	640 Act	(es
DKL ÅF	IOMA CORPORA	ATION CORMISSI	ION				+++++
Jim Thorpe Bl	idg / Oklaho	rvation Divisional Circle Ok 2	ion 7310 <del>5</del>	5-4993			++++
OTC/OCC Oper. No. 12-310	(Rule	3-206)			v L		
All operators must include this form when sub	mitting the	Completion 1	Repor	rt,	E E	┝╌╂╌╂╴╂	┼┼┼┤
(Form No. 1002-A). The signatures on this st employees of the cementing company And operat	tor to demon	strate compli	Ance	e with		┝╌╂╌╂╌╂	+++
Rule 3-206. It may be advisable to take a concenting work is performed.	by of this	form to locat	tion	vhen			
	5	0COM	-		Loc	ate Well as	
+1. Field Name	<u>S</u>	06274	<u>خ</u>			Lease	• 
S.E. Corleton					C.C. Distric		
*3. Operator				*4. Con	mty 41 NE	•	
*5. Lease Name					4/2/E		
ABSHIRE	· · · · · · · · · · · · · · · · · · ·			1-	.5		
*7. Location k k k k CNWK	Section	Town	nship /~7	•	Range	<b>)</b>	
	SURFACE	INTER-			/ 3	MULT	1-STAGE
CEMENT CASING DATA:	CASING	MEDIATE CASING	┝			<u>CEMENT</u>	ING_PROCESS
			1				
8. Cementing Date 2-20-86	200/86						
*9. (a) Size of Drill Bit (inches)	171/2						
(b) Estimated Z wash or hole enlargement used in calculations.	100%						
*10. Size of Casing (inches 0.D.)	13%						
*11. Top of Liner (if liner used) (ft.)							
*12. Setting Depth of Casing (ft.)- from ground level	1050			1		[	
13. Type AFI Class Covent & amount of Additives mode: (a) In first (lead) or only Slurry. (If additional	DLW 111				$\Box$		
space is boaded, use "Remarks" ou reverse side)	1/4 D-29 Premium					 	$\leq$
(b) In second Slurry	27 5-1						
(c) In third Slurry	<u>↓</u>	··	<b> </b>				
<ul> <li>14. Sacks of cement used:</li> <li>(a) In first (lead) or only Slurry</li> </ul>	675	,					
(b) In second Slurry	200				····		
(c) In third Slurry 15. Slurry Vol/Sacks of Cement (Cu ft/sack):	<b>}</b> ─────				· · · · · · · · · · · · · · · · · · ·		
(a) In first (lead) or only Slurry	1012.5				· · · · · · · · · · · · · · · · · · ·		
(b) In second Slurry	300		<u> </u>			·	
(c) In third Slurry 16. Vol of slurry pumped: (Cu ft)(14.X15.)							
(a) In first (lead) or only Slurry	180		ļ				
(b) In second Slurry	37%			·			
(c) In third Slurry (d) Total Slurry volume pumped (Cu ft)	217/2		<u> </u>				
17. Calculated Annular Height of Cement							<b>  </b>
Slurry behind Pipe (ft) 18. Was comman circulated is ground purface	1050 + 4	ur Fac			· · · · · · · · · · · · · · · · · · ·	}	ļ
(or bottes of coller) outside casins? Yes ar #	4	L			<u> </u>	<u> </u>	

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

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-DVER-\*Designates freme to be completed by Operator. Itak not so designated shall be completed by the <u>Cementing Co</u>

26. Remarks: \*27<u>.</u> Remarks: FRVATION DIVISION CEMENTING COMPANY **+OPERATOR** I declare under applicable Corporation Commission rule. I declare under applicable Corporation Commission that I am authorized to make this certification, that rule, that I am authorized to make this certifithe cementing of casing in this well as shown in the cation, that I have knowledge of the well data report was performed by me or under my supervision, and information presented in this report, and and that the cementing data and facts presented on both that data and facts presented on both sides of sides of this form are true, correct and complete to the this form are true, correct and complete to the best of my knowledge. This certification covers best of my knowledge. This certification covers cementall well data and information presented herein. ing data only. \*Signature 'of Operator or Authorized Res Authorized Representative Signature of Cementer T.S. TANNER . 27 12 GIARY R Ribordy Supervisor Name of person and Title (Type or Print) \*Name of Person and Title (Type or Print) Vowell Schhumberger Cementing Company Rosewood Kesources 2200 N. Street Address or P. O. 2600 ThANKSGIVING Tower \*Street Address or P. O. Box DALLAS TX 75202-\*City State 21p END, OK Telephone 405 237-5175 Telephone 214 8807000 2-20-86 2-20-86

## INSTRUCTIONS

- 1. a) This form shall be filed by the operator, at the O.C.Cr 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 COMPLISION REGULATIONS.

12.10	er <u>No.</u>	be filled wit				nal 🗔	Amendee		Why? Amend the spacing Well Classificati	Order Num	aber & Chang	
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011-89768		Oll AND horpe Build	) GAS CONSE ising / Okla			a 73105-49	93		FORMATION	Cheste		<b></b>
PLEAT	E TYPE OR U				•				SPACING & SPACING ORDER	640A		<u> </u>
3. County Bla	ine	Sect. 5	_Twp_17N	Range_	13W		640 Acres		NUMBER	22004		00249
4. Loose Heme 7. Well Located	Abshire		CNW	5. Well H	e. <u>1-5</u>	:臣			CLASSIFICATION (011, Gas, Dry, Inj. Hell)	Ga	18 (	
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9. Elevation:	Derrick Floor,		_Ground	1673		_ ┝┽╴	<del>┨╹┨╹</del> ┨	╉╂┫	PERFORATED	9778		
O. COMPANY OPER						- 田						
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I. Drilling Sta	rted_2/18	19 <u>86</u> Bes	Lling Fini	ahad 4/1	619_	86			ACID/VOLUME	5000 gal		
2. Wall Complete	7/2	,19 <u>86</u> Det	e-First Pi	od. 7/9		86			FRACTURE TREATED?	10650 gal		
									Fluide Amounts	2% KC	<u>Ч</u>	L
3. TYPE COMPLET									INITIAL TEST DATA:	·		······
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•	•								O11-bb1/day	9		<b></b> ]
						_	14	•	Oil-Gravity ("API)	55		L
						_ Penalty	/		Gas-HCF/day	450	·	
	NSITY		Order No.	· ••••••					Gas-Oil Ratis Cu. Ft/bbl	50,000		<u> </u>
		15.	OIL OR GAS	. 70NES					Water-bb1/day	79		<b></b>
Rame		Tres	70	ile Ile		Fro	<u> </u>	70	Pumping or Flowing	F		╉━━━━┫
Chester		9774	9778						Initial Shut-In Pressure	2320		<b></b>
Osage	······	10766	10837						CHOKE SIZE	13/64		<b></b> ]
Merrimac		10425	10464	••••••••••••					PLOW TUBING PRESSURE	500	1	L]
		16	CASING & C	'ENENT		<u></u>			A record of the formations are presented on the rever		ough, and pert	inent remarks
	Surf. 6 Pred				Cag Test		Cenent		I declare that I have know		contents of 1	ble report and
	Size	Weight	Grade	Feet	PSI	Sax	Pillup	Тор	an authorized by my organi	sation to me	ke this report	, which was
Туре	9469			98		Driven			prepared by me or under my and facts stated hereis to	supervision	and direction	, with the data
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Conductor Surface Intermodiate Production Liner 18. PACKIRS SI Depth	20 13 3/8 9 5/8 5 1/2	53.5	P110 N80	8816 11600	3100	600	756 948 11	8800	200 Crescent Court,	Suite 300	<b>Title</b> Dallas, T	X 75201 • <b>21</b> p

. . 22. LEASE NAME ABSHIRE

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23. WELL NO. 1-5

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.

Reebner       7,332         Oswego       8,215         Inola       8,728         Gewego       8,215         Inola       8,728         Werrimac       10,257         Bunton       10,983         Sylvan       11,533         Will putter for the status       10,983         Sylvan       11,500         Batter for the status       10,983         Sylvan       11,500         Sylvan       11,500         Sylvan       11,500         Sylvan       11,500         Sylvan       11,600         Sylvan       Sylvan         Sylvan       Sylvan	NAMES OF	FORMATIONS	TOP	BOTTOM	<b>GON2</b> 49
Inola  Rester  Solution  S	Heebner		7,332		FOR COMMISSION USE ONLY
Inola       8,728         Chester       9,254         Merrimac       10,257         Bunton       10,983         Sylvan       11,533         Sylvan       11,533         Otal DePtH       11,600         Buston       10,983         Sylvan       11,533         Intermediation performance of the second state of the second sta	Oswego	•	8,215	-	
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Merrimac       10,257         Runton       10,983         Sylvan       11,533         11,533       11,533         10,983       11,533         11,533       11,533         12,500       11,533         <	Chester		9,254		(i) Sand wirelas letter
Hunton       10,983         Sylvan       11,533         Il,533       Il,533         Il,533       Il,553         Il,533       Il,554         Il,600       Il,600         AUG 18 1987	Merrimac		10,257		2) anthorized Barbory
Sylvan       11,533         Il,533       Il,533         Il,533       Il,533 <td< td=""><td>Hunton</td><td></td><td>10,983</td><td></td><td>Finnetial Bistemati/Latter of Gredit/Land</td></td<>	Hunton		10,983		Finnetial Bistemati/Latter of Gredit/Land
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As H <sub>2</sub> S encountered? <u>X</u> . If so, at what depth(s) Horizontal irect. Survey: True Vertical Depth: <u>26</u> . Projections: <u>(N/S)</u> lere unusual drilling circumstances encountered? Yes <u>No X</u> If yes, briefly explain: ther Remarks <u>A 5 1/2"</u> Retrievable Bridge plug set @ 10,200'. Casing and plug tested to					
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Fore No. 1007-C				C	211-18.	
1985 8 6 0 6 0 9 0 0 TOM	CEMENTIN CCOMPANY C	NG REPORT	т	[]	640 Acre	
OKLAH	DMA CORPOR	ATION COMMISSIO	N			
Jim Thorpe Blo	dg / Oklaho	rvation Divisio oma_Ci Ok 73				
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All operators must include this form when subr	mitting the	Completion Re	port,	"ノト	┥┥╂╴	<u>F++</u> +
(Form No. 1002-A). The signatures on this sta employees of the cementing company and operate	or to demon	astrate complia	nce with	Ŕ	╶┼┼┼	+++
Rule 3-206. It may be advisable to take a con cementing work is performed.	py of this	form to locati	on when		111	111
				Loc	ate Well and	
		06274	·		Lease	
*1. Field Name S.E. Carleton				C. Distric	-	
*3. Operator	·····		#4. Cau			
*5. Lease Name	<u> </u>		+6. Well	(AINC		
+5. Lease Name ABSHIELIS	•	<b>.</b>				}
*7. Location	Section	Towns	hip	Range	1	
k k k LNWK	SURFACE	1-19755		131		I-STAGE
CEMENT CASING DATA:	CASING	INTER- MEDIATE	PRODUCTION	CASING		NG PROCESS
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8. Cementing Date		3-21-86				· · ·
*9. (a) Size of Drill Bit (inches)	···	17/11	<u> </u>			
(b) Estimated Z wash or hole enlargement		-104				
used in calculations. ,		-77 54-1				
*10. Size of Casing (inches 0.D.)		78,				
*11. Top of Liner (if liner used) (ft.)	,			<u></u>		
*12. Setting Depth of Casing (ft.)- from sround level		8834				
13. Type API Class Genent & amount of Additives used: (a) In first (lead) or only Slurry. (If additional		4205KS	NT			
space is meeded, use "lemarks" on reverse side)	ļ	PUT+152				
(b) In second Slurry		ROUSKS P	57.D-65	+. 1 % D-13		
(c) In third Slurry 14. Sacks of cement used:	<b> </b>		ł		<b> </b>	
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(b) In second Slurry		200				
(c) In third Slurry						
15. Slurry Vol/Sacks of Cement (Cu ft/sack): (a) In first (lead) or only Slurry	ļ	41.2		<u>-</u>	· ·	·
(b) In second Slurry	ļ	37.4		·····		
(c) In third Slurry	<u>}</u>	╂────╉			<u> </u>	
16. Vol of slurry pumped: (Cu ft)(14.X15.) (a) In first (lead) or only Slurry	<u> </u>	546		<u></u>		
(b) In second Slurry		210				
(c) In third Slurry				· · · · · · · · · · · · · · · · · · ·	<b> </b>	
(d) Total Slurry volume pumped (Cu ft) 17. Calculated Annular Height of Cement	<u> `</u>	756	·	•	<b> </b>	
Slurry behind Pipe (ft)	<b></b>	6800'			ļ	
18. Was coment gifculated to ground surface (or bottom of collar) syteide camina? Yes at H-	<u> </u>	6800 1				

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

.

-OYER-\*Designates stems to be completed by Operator- Itens not so designated shall be completed by the <u>Cementing Co</u>.

26. Remarks:	*27. Remarks:
CH SECTION DIVISION	NOSSION AISSION
NISI (	NN
Inol Not	0.00
4 CCHO	NOISSIN .
S SER	
	OO *OPERATOR
CEMENTING COMPANY	*OPERATOR
I declare under applicable Corporation Commission <sup>3</sup> 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 cement- ing data only.	I peclare under applicable Corporation Commission rule, that I am authorized to make this certifi- cation, 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 Cementer or Authorized Representative	*Signature' of Operator or Authorized Repres
Name of parson and Title (Type or Print)	Daviel Bracy Reculatory Courd. AName of Person and Title (Type or Pring)
Cementing Company	Rosquad Resources INC.
P.O. ROX 5159 ,' Street Address or P. O. Box	2600 Thonksquine lower *Street Address of P. O.)Box
ENIN , OKIA 73703 CITY , OKIA STATE ZIP	Dollpa: TX 75201
Telephone 405 237-575	Telephone <u>214</u> 880 - 7000
3-21-86	7/16/86
Date	Date

2

### INSTRUCTIONS

- 1. a) This form shall be filed by the operator, at the O.C.Cr 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 COMPLISION REGULATIONS.

API No. <u>OII JJ 1933</u> Oil I Jim Thorpe Bl OTC/OCC Oper. No. <u>JJ 10</u> All operators must include this form when sul (Form No. 1002-A). The signatures on this st employees of the cementing company <u>and</u> operat Rule 3-206. It may be advisable to take a co cementing work is performed.	ACCOMPANY CO HOMA CORPOR Gas Conser Idg / Oklaho (Rule bmitting the Latement musicor to demon	arion Contracts relation Covis Dma City, Ok 3-205) a Completion st be that of natrate compl	ORT ION ion 73105-4993 Report, qualified iance with tion when	到比		nd Outline
*1. Field Name S. W. CANTON *3. Operator ROSEWOOD RESOURES *5. Lease Name HB 5428E #1-5		<u> </u>	<u> </u>	refisher	<u>~</u>	
ROSEWOOD RESOURES			-4. 00	BLAZ.	$v \epsilon^{-}$	
*S. Lease Name AB SHIPPE # 1-5			*6. We	11 Number 岸/一 9		
*7. Location	Section	 Tow	nship		<u></u>	
4 4 4CNW4	5		7N	130	$\sim$	
CEMENT CASING DATA:	SURFACE CASING	INTER- MEDIATE CASING	PRODUCTIO	N CASING		TI-STAGE ING PROCESS
8. Cementing Date			4-16-86	· ·		T{
*9. (a) Size of Drill Bit (inches)	1		8 2 "			
(b) Estimated 2 wash or hole enlargement used in calculations. 1'			20%			
10. Size of Casing (inches 0.D.)			512			
11. Top of Liner (if liner used) (ft.)						<u> </u>
12. Setting Depth of Casing (ft.)- from ground level			11.590			
<ol> <li>Type API Class Cenent &amp; amount of Additives used:</li> <li>(a) In first (lead) or only Slurry. (If additional space is medic, use "Remarks" on revarae side)</li> </ol>			56 LF 5 TRE +) W/ 187 D60+, 120 +.27, 046 +	55 (CL1+55 5ALT+1970 13+5#DV2/54 14+029/54		
(b) In second Slurry	ļ		·			
(c) In third Slurry	<u> </u>		ļ	<u> </u>	 	<u> </u>
14. Sacks of cement used: (a) In first (lead) or only Slurry			600	1		
(b) In second Slurry						
(c) In third Slurry		-				
<ul> <li>15. Slurry Vol/Sacks of Cement (Cu ft/sack):</li> <li>(a) In first (lead) or only Slurry</li> </ul>			1.58		•	
(b) In second Slurry						
(c) In third Slurry	<u> </u>					
16. Vol of slurry pumped: (Cu ft)(14.X15.) (a) In first (lead) or only Slurry	<u> </u>		948	ļ	! 	·
(b) In second Slurry	<u> </u>		· ·	<b></b>	 	ļ
(c) In third Slurry	-{	<u> </u>		{		{{
(d) Total Slurry volume pumped (Cu ft) 17. Calculated Annular Height of Cement	<b>┼</b> `		948	{		┨─────┤
Slurry behind Pipe (ft)	i		8800 No		 	<b></b>
18. Was coment circulated to ground surface				-		

•

26. Remarks:	#27. Remarks:
	•
and the second	
	Z ,
NO	0
AIS I	AT
	R N N N N N N N N N N N N N N N N N N N
NON SO	
CTION DIVISION	
	00RP0RATION SSION
CEMENTING COMPANY	* <u>OPERATOR</u>
I declare under applicable Corporation Comission rule,	I I are under applicable Corporation Commission
that I am authorized to make this certification, what	rule, that I am authorized to make this certifi-
the cementing of casing in this well as shown in the	cation, that I have knowledge of the well data
report was performed by me or under my supervision	and information presented in this report, and
and that the cementing data and facts presented on both sides of this form are true, correct and complete to the	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 cement-	best of my knowledge. This certification covers
ing data only.	all well data and information presented herein.
$\bigcirc$	
hoy. Van	
Signature of Cementer or Authorized Representative	*Signature of Operator or Authorized Repres.
Jul J. VANCE SERVICE Suprementer	
Name of person and Title (Type or Print)	*Name of Person and Title (Type or Print)
ALELL Schlun REPER	
Defitell Sch Lan BERGER Cementing Company	*Operator
	operator
B 5	
$\frac{B_0 \times 5 \times 5}{\text{Street Address or P. Q. Box}}$	
SLICEL AUGUESS DI F. V. BUX	*Street Address or P. O. Box
EDD AL DO	
EN20 0K 73701	
City State Zip	*City State Zip
**	· · · · · · · · · · · · · · · · · · ·
Telephone 405 237 - 5175 Area Code	Telephone
	Area Code
4-16-86	
Date	Date

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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.

10A. OTC/OCC Oper 12710	r No.		This	form 18 a	n Origi	nal 🔀	Amendee	d 🛄	Vhy?	0	6274	Form 100 Rev. (1985)
1. API Number 011 22183 2. OTC Prod. Unit	01	A DE MISS WI KLAHOMA OIL AND Thorpe Build USE_BLAC	CORPO	BATION	COMM	SSION /			19. COMPLETION		Y PRODUCING FO	RMATION
	J1=	Thorpe Build	ling / Okl	ahoma City	, Oklahow	a 73105-4			FORMATION	Chester		
3. County Bla	ine	Sect	<u>17N</u>	Range	13W	- <sub>[5]</sub>	640 Acre		SPACING & SPACING ORDER NUMBER	286524		
. Lease Name	<u>Abshir</u>	e	k CN	5. Well N	•. <u>1-5</u>	- 1	┥┤┤┤		CLASSIFICATION (011, Gas, Dry, Inj. Well)	0il		
. <u>1320</u> . Fra						ct. y				9774-	<b>1</b>	
. Elevation: De . COMPANY OPERAT	errick Flo	or	Ground	<u>    1673    </u>		-	┾┽╊┽ ┶┽╊┽		PERFORATED	9778		
Address 2						- 氏		र्त्तरे	INTERVALS		<u> </u>	
CityD				7520	1		Locate i				╉──── <b>┥</b>	
l. Drilling Start	2/18	\$ti		<b>Z1p</b> <u>4/1</u>	68		Dutline 1		ACID/VOLUME	5,000 gal		
2. Well Completed			LLING FIR	<b>16heg</b> 7/	······································	86			FRACTURE TREATED?	10.650 gal		
- Mart Combineted		,19 <u>_~~</u> Uat		rod					Fluids Amounts	2% KC1		
. TYPE COMPLETIO	M								INITIAL TEST DATA:	2.8		
Single Zone									Date	7/9/06	<b></b>	
Multiple Zone,			- Order Na	• •					Oil-bbl/day	Q		
Commingled						-			011-Gravity (*API)	55		
LOCATION EXCEP							, 14	4.	Gas-MCF/day	450		
INCREASED DENS							,		-	50		
									Water-bbl/day	79		
	<u> </u>	15.	OIL OR GA	<u>s zones</u>		. <u></u>			Pumping or Flowing	<u>न</u>		
Name		From	To	Na	•	Pro		To	Initial Shut-In Pressure	2320	<b></b>	
_Chester 3<4	CSTR	9,774	9,778						CHOKE SIZE	13/64		
<u> </u>	056	10,766	10,837						PLOW TUBING PRESSURE	500	<u>†</u> −.────	
Merramac 35	3 MRMC	10,425	10,464								4	
6		16.	CASING &	CEMENT					A record of the formations are presented on the rever	drilled thro se.	uga, and perti	rent remarks
S	Surf. & Pr	od. Casing Su	et		Cag Test		Cement		I declare that I have know		contents of th	is report and
Туре	Size	Weight	Grade	Teet	PSI	Sax	Fillup	Тор				
nductor ?	20			98		Drtven		<b></b>	prepared by me or under my and facts stated herein to	be true. con	and direction, rest and cound	, with the data ete to the
rface 2/20	_13-3/8	3 54.5	K55	1,047	1,000	875		2 Surf	best of my knowledge and b			
termediate 3/22			P110		3,500	· · · · · · · · · · · · · · · · · · ·		<u>5,6,800</u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<b>.</b> .		
aduction	5-1/2		NSOLL	11,600		T	E .	5,800	Signature	za_	<u>Regulato</u> <b>Title</b>	ry Coord.
iner m			T	1		l			Daniel Bracy <sup>Signature</sup>			
18. PACKERS SET		· · · · · · · · · · · · · · · · · · ·			17.	TOTAL DE	ртн 11.	,600	2600 Thanksgiving Tom Address		s, 17 /5201 Ity State	
Depth_	9681		-	Bak	er Retr	ievable	Packer	<u> </u>	July 12, 1986	· 🤈	14/880-8674	
•••••••			Тур	•					Date		Phone 147 000 0074	

CC. LEADE MARE\_\_\_\_ ADSNITE 23. WELL NU. т- Э

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.

24

L4

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NAMES OF FORMATIONS	ТОР	воттом	
			FOR COMMISSION USE ONLY
Heebner	7,332		· ·
Oswego	8,215		Mall Completion Report Checklist
Inola	8,728		ANDERTED DISATTROVED 1) ITD Section a) No Intent to Drill on file (1) Send warning Letter
Chester	9,254		(2) Recommend for contempt (2) Authorized Survey (2) Authorized Survey (2) Authorized Survey (2) No Survey filed
Merrimac	10,257		b) Bupired Bursty Financial Statement/Letter of Gredit/Sond
Hunton	10,983		3) Spacing and Pooling
Sylvan	11,533		4) Well Byudded prior to approvel 5) Insufficient merface casing required out 6) Ho test data
OIL			7) Change of Iscation         8) Well location "off pettern"         Bacing Order No.         Size Dair/pettern         Formation(s)         9) No record found         10) Other:
OKLAND JUL 2 1986 MILLANDING	lon .		(Plases specify appropriate number from initial rejection letter or other problem found)11) Status:
TOTAL DEPTH	11,600		
las an electrical survey run? <u>×</u> ve las CO <sub>2</sub> encountered?	но . If so, at	Date last lo t what depth( , at what dep	s)
2 VES I	10 1 h ·	Hoi 26. Pro	oth(s)
			No x If yes, briefly explain:
	<u></u>	· · · · ·	<u> </u>
		······	
<u>,</u>			
			set @ 10.200' casing and plug tested to
<u>3.000#. 20' of sand dun</u>	nped on top.	<u>Future</u>	completion possibilities for the
Osage and Merrimac forma	tion.		

CS274

Drill XX 5. WELL LOCAT Section 5 Well Locat C X NW If unspace 6. Lease Nam 7. Name of C Rosewood	$\frac{1001}{100}$ INTENTION TO: Plug Deepen Back FION: (If will is to Township 17N ion F $\frac{1}{2}$ $\frac{1}{2}$ red - well will me Abshire Derator od Resources	9 0 0 IN OKL OKL OKL OKL OKL OKL OKL C OKL OKL OKL OKL OKL OKL OKL OKL	TENT TO D AHOMA COR Dil & Gas C Jim T Lahoma City C C Other_ Hild, put bottom Dunty Blaine Nter Section and 1320	RILL APPLICA PORATION COM onservation Div horpe Building , Oklahoma 7310 Rule 3-204) bole lecation on rever west Line the nearest leas Well No1	MISSION vision 05-4993 	2640' 1980' 1320' 660' 2640' 1980' 1320' 1320' 660' /	Cocate Well a Lease or Spa	and Outline acing Unit
Address 2600 T	hanksgiving	Tower		Phone (AC/Nu 214-880-7	umber) 000	0' <u>K-</u> K	5280 ft	
City Dallas			<u>State</u> Texa	Zip	<u>1</u>	West Line	West Line	1
	ION SURFACE OWN	ER: (Must be			·		062	њу.н
	more that one, Abshire	•		<u> </u>	· • • • • • • • • • • • • • • • • • • •			<u> </u>
9. Target Fo Morrow	-10			ty 6039		State	2 	1p
11,400' SPACING 1 14. Spacing 0 286524/6	Plug Back Depth FFORMATION: Inder Numbers an 540 AC	NA 13-A. Do you int d Size of Spa 2157	end to circula cings	2. Date Oper. to Be 2-5-86 Ste cement from tota ption Order No.	1 depth to surf:	Surf. Casing Depti 1000 ' ace? (See instruct eased Density	tions) Yes 🛛	
18. Is well b under Fed	eral jurisdicti No <u>XX</u> CASING DESIGN: P2. Section Length	Yes (To include s 23. Casing Weight	icipated? No urface cas 24. Casing	be drill XX Yes ing. If space	ed at this ] No X) below is ins 26. Est. Top of	(	nsed in drill Well? Yes <u>XX</u> ach separate 28. Design Hud	water be Ling this ( No 29. B.0.P. ]
21. Casing Size		(1bs/ft) 54.50	Grade	(Feet) 1000	Surface		Wght.(ppg) 10.0	
PROPOSED 21. Casing Size (Inches)	(Feet) 1000	34.30	KEE					<u>, , , , , , , , , , , , , , , , , , , </u>
PROPOSED 21. Casing Size	(Feet) 1000 8500	47	<u>K55</u> N80	8500	7000		1 10.0	4 I
PROPOSED 21. Casing Size (Inches) 13-3/8	1000	47 39	N80 \$95		7000 8200	5050	10.0	11
PROPOSED 21. Casing Size (Inches) 13-3/8 9-5/8	1000 8500	47	N80	8500		5050 3740	the second s	1
PROPOSED 21. Casing Size (Inches) 13-3/8 9-5/8 7-5/8 5 x 5-1/2 I hereby	1000 8500 1600	47 39 15/17 am authorized	N80 S95 N80 to, submit	8500 9800 11400/8100 this applicati	8200 8000	3740	15.0 10.0 me or under	шу
PROPOSED 21. Casing Size (Inches) 13-3/8 9-5/8 7-5/8 5 x 5-1/2 I hereby supervisi	1000 8500 1600 3300/8100 certify that I on and direction	47 39 15/17 am authorized	N80 S95 N80 to, submit	8500 9800 11400/8100 this applicati sals made herei Title	8200 8000 on, which wa are true t	3740	15.0 10.0 me or under my knowledg Dat	my e and e
PROPOSED 21. Casing Size (Inches) 13-3/8 9-5/8 7-5/8 5 x 5-1/2 I hereby supervisit belief. Signature	1000 8500 1600 3300/8100 certify that I on and direction	47 39 15/17 am authorized n. The facts	N80 S95 N80 to submit and propos	8500 9800 11400/8100 this applicati sals made herei	8200 8000 on, which wa are true t	3740 s prepared by o the best of Phon	15.0 10.0 me or under my knowledg Dat 1-22 e (A.C./Numb	= 86 er
PROPOSED 21. Casing Size (Inches) 13-3/8 9-5/8 7-5/8 5 × 5-1/2 I hereby supervisit belief. Signature Address (: NOTICE: This	1000 8500 1600 3300/8100 certify that I on and direction	47 39 15/17 am authorized n. The facts Man No. 7 above s void 1f dri:	N80 S95 N80 to, submit and propos	8500 9800 11400/8100 this applicati sals made herei Title Drilling M	8200 8000 on, which wan are true t lanager in six (6) m	3740 s prepared by o the best of Phon 214 onths of appro	15.0 10.0 me or under my knowledg Dat 1-22 e (A.C./Numb /880-7000	= 86 er

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Locat	e Bo	se to	lole	BOTTOM HOLE LOCATION ON A DIRECTIONALLY DRILLED WELL Section Township Range County	
				Well Location Feet from Quarter Section	
				0627 <u>4</u>	
		Н	$\mathbb{H}$	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.
- Mark the plat located in the upper right hand corner for the form with the well location.
- HERE THE PLAT LOCATED IN THE UPPET FIGHT HANG COTHER FOR THE FORM WITH THE WELL LOCATION.
   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 amendmant of, for some other reason, such as re-entering.
   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 marrest the section. leave line.
- Give the Lasse Hame (or Farm Hame) and the well number that you are going to essign to the well.
- Legal company mame of operator. If individual, give full mame. Also give the address of the operator.
   List the mame and address of the surface owner where the well is to be drilled.
   Give the mames of formations and depths of each formation from which you are proposing to produce. Limit to ten. Dee nomenclature referred to in Rule 1-507.
- Des momenclature referred to in Nule 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. <u>NOTE</u>: 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 cament the production casing from total depth to surface, answer "yes" to this question and submit a cament 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 Buresu 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 H.S in excess "yes" to this question. An of 100 parts per million or, if for any other reason, you anticipate such encounter you must answer "yea" to this ques Answer "yea" if you have drilled a fresh water well. If water is to be used from a creek, stream or a surface owner's
- 20. Answer 20. Answer "yes".
   21. Caping 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. <u>Do not list fractions</u>.
   ZZ. 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: pl10
- 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 can mnt.
- 27. Anticipated wellhead pressure used in the design of each casing string.
- Planned weight of mud in pounds per gallon to be used while drilling through each casing string. Ex: 10.2
   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

<b>)</b> .		132157-640 Mm
APPROVED REJECTED	INTENT TO DRILL CHECKLIST	132157 - 640 / Mon 286524 - 640 / Nico Am Hnt
lui	1. Surety A. None filed B. ExpiredBMD/LC/FS C. Outetanding Contemp Order	Hnt
- <u></u>	2. Pending C.D. Ho(SPACING/LOC. EXCEPTION) Hearing date	
_049	<ol> <li>Surface casing, needfact         A. Anaderko Ristricted Arss         B. Less (50')/More (90') than 1.500 fest         C. Option for 3.8.         D. Beantry, Surf. casing (existing)feet     </li> </ol>	t
	4. Not spaced Less (165')/Nore (330') than 2,500 feet Onlyfeet from M/S andfee	t from E/W Losse Line
	<ul> <li>Spacing Order No</li></ul>	-
	<ol> <li>Location Exception</li> <li>A. Bottom hole off pattern</li> <li>B. Surface Location off pattern</li> </ol>	
	7. Operator name different on orders Previous name Location Exception/Increased Density/Pooling	
	B. Special Orders apply, Yes 1 No 2	