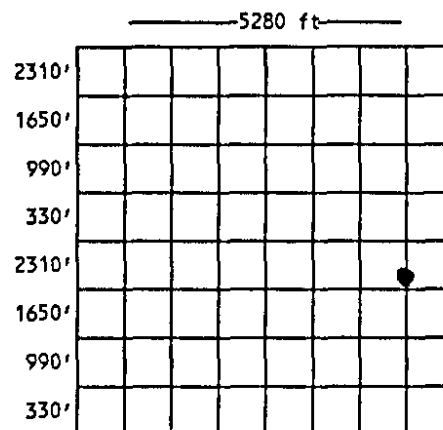


OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165 10-1-15

001160934

INSTRUCTIONS

- A PLEASE TYPE OR USE BLACK INK
B FORM MUST BE SIGNED BY FORMER AND NEW OPERATOR
C OUTLINE BOUNDARIES OF LEASE AND SPOT WELL BEING TRANSFERRED
D ATTACH 1002A FOR WELL



LOCATE WELL ON GRID ABOVE

API No	017-22096	OTC Prod Unit No	017-071138
Location	S/2 1/4 N/2 1/4 NE 1/4 SE 1/4	Sec	29
		Twp	14N
		Rge	5W
Ft FSL	2180	Ft FWL	1980
		County	Canadian
Current Well Name & No	Garten #2-29		
Original Well Name & No	Garten #2-29		
Unit Name (if applicable)	n/a		
Well Class	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry/Plugged		
Producing Formation(s)	Prue/Mississippi/Hunton		
The effective date of transfer of this well for the purposes of Commission records, is the date the transfer is approved by the Commission	1/1/96		
Oil Transporter/Purchaser	Total Petroleum, Inc.	OTC No	06884
Gas Measurer	GPM Gas Corporation	OTC No	18789

CURRENT OPERATOR

Name	Kaiser-Francis Oil Co.	OTC No	06390
Address	P. O. Box 21468		
City	Tulsa	State	OK
		Zip	74121-1468
I verify that I am the legal operator of record with authority to transfer ownership of this well			
Signature	<i>Charlotte Van Valkenburg</i>		
Technical Coordinator	918-491-4314		
Name and Title (Print or Type)	(AC) Phone		
Signed and sworn to before me this 10th day of Jan. 1996			
My Commission Expires DEC. 23, 1997			

I verify under penalty of perjury that I have exercised due diligence in attempting to locate the current operator of record according to OCC records and have abandoned the above well/lease and cannot be located to obtain signature

NEW OPERATOR

Name	Sooner Trend Exploration	OTC No	12270
Address	P. O. Box 71		
City	Kingfisher	State	OK
		Zip	73750
Being the new operator, as of the effective date and time of transfer accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property			
Signature	<i>J. R. Gazin</i>		
J. R. Gazin, President	405-375-3406		
Name and Title (Print or Type)	(AC) Phone		
Signed and sworn to before me this 5th day of January, 1996			
<i>Delma K. Paulk</i> Notary Public			
My Commission expires 5-9-98			

Signed and sworn to before me this ____ day of ____ 19 ____

Notary Public

My Commission expires _____

Signature

FOR O C C USE ONLY

Received Date Rejected Date Approved

Surety Dept			JAN 16 1996
Production Dept			
Well Records Dept.			MAR 04 1996

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

NOTICE OF CHANGE OF OPERATOR/OWNERSHIP/PURCHASER
(Rules 3-309 and 3-201.1.b)

LOCATE WELL ON GRID BELOW

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4493

INSTRUCTIONS:

- PLEASE TYPE OR USE BLACK INK.
- Both former and current operator shall jointly complete this form for each oil, gas, disposal, or enhanced recovery injection well within thirty (30) days after the effective date of transfer. Send form(s) to address listed above.
- If former operator is unavailable for signature (Item 10), legal proof of transfer of ownership must be provided as attachment to this form.
- Copy of the Form 1002A (Completion Report) must be attached.

2640'						
1980'						
1320'						
660'						
2640'						
1980'						
1320'						
660'						
0'						

- 10-18-81
- API No. 017-22096 2. OTC Production Unit No. 017-71138
 - Sec 29 Twp 14N Rge 5W Ft. S.L. 2180 Ft. W.L. 1980 County CANADIAN
Well Location S/2 1/4 N/2 1/4 NE 1/4 SE 1/4
 - Current Well Name and No. Garten #2-29 (Original Name) Garten #2-29
 - Effective date of transfer 7/1/89 CONSERVATION DEPARTMENT
 - Classification of Well Transferred: Oil ☒ Gas ☐ Disposal ☐ Injection ☐
 - If injection or disposal well, give Authorizing Order No. JUL 18 1989
 - Zone (Formation) Hurton/Mississippi/Prue OKLAHOMA CORPORATION COMMISSION
 - Change of Operator ☒ Change of ownership ☐ Change of Purchaser ☐
 - Name of Purchaser Senex Pipeline Co. /OTC No. 15800

11. Seneca Oil Company

Name of Former Operator
01952

OTC/OCC Operator No.

P. O. Box 21518

Address

Tulsa, OK 74121-1518

City State Zip

918-494-2788

Phone

Bob Major 7/17/89

Signature

Date

Bob Major, Production Records
Name and Title Supervisor



12. Kaiser-Francis Oil Company

Name of New Operator
06390

OTC/OCC Operator No.

P. O. Box 21468

Address

Tulsa, OK 74121-1468

City State Zip

918-494-0000

Phone

C. Jan Valkenburg 7-13-89

Signature

Date

Charlotte Van Valkenburg, Technical
Name and Title Coordinator

FOR O.C.C. USE ONLY

Surety Department

Approved Date

Rejected Date

Production Department

JUL 8 1989

Well Records Department

JUL 20 1989

UIC Department

Reason for Rejection: _____

PLEASE TYPE OR USE BLACK INK ONLY

(To be filed within 30 days after drilling is completed)
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION

017-71138

OTC COUNTY
LEASE NO

COMPLETION & TEST DATA BY PRODUCING FORMATION

Jim Thorpe Building / Oklahoma City Oklahoma 73105

COUNTY Canadian SEC 29 TWP 14N RGE 5W

COMPANY OPERATING Seneca Oil Company

OFFICE ADDRESS 100 N. W. 63rd

TOWN Okla. City STATE OK ZIP 73116

FARM NAME Garten WELL NO 2-29

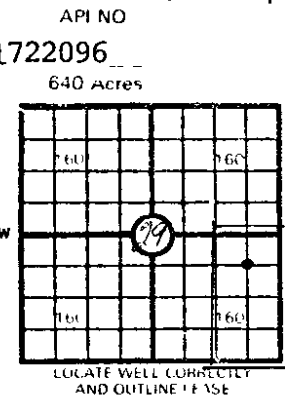
DRILLING STARTED 5/31/81 DRILLING FINISHED 6/29/81

DATE OF FIRST PRODUCTION 8/24/81 COMPLETED 10/18/81

WELL LOCATED NE SE

2180 FT FROM SL OF $\frac{1}{4}$ SEC & 1980 FT FROM WL OF $\frac{1}{4}$ SEC

ELEVATION DERRICK FLOOR 1217 GROUND 1204



TYPE COMPLETION

Single Zone _____ Order No _____

Multiple Zone _____ Order No _____

Commingled X _____ Order No applied for 207435

LOCATION EXCEPTION

Order No _____ Penalty _____

OIL OR GAS ZONES

Name	From	To	Name	From	To

CASING & CEMENT

Casing Set				Csg Test	Cement		
Size	Wgt	Grade	Feet	Psi	Sax	Fillup	Top
8 5/8"	24	J-55	997	1500	575	997	Surf
		K-55					
4 1/2"	11.6	N-80	8287	3000	300	1271	7016

TOTAL DEPTH 8300

PACKERS SET

Depth _____

Make _____

(OVER)

NE/SW

FORMATION	Hunton	Mississippi	Prue
SPACING & SPACING ORDER NO	80-182916	80-182916	80-182916
CLASSIFICATION (Oil Gas Dry nj Well)	Oil	Oil	Oil
PERFORATED	7730-7770 7900-7910	7522-7538 7548-7560	7130-7146
INTERVALS		7584-7590 7600-7624	
ACIDIZED?	1000 gal 15% DS-30, 4000 bbl	1500 gal 15% DS-30, 4000 bbl	1000 gal 15% DS-30, 20,000
FRACTURE TREATED?	1/2% KCL+sd	1/2% KCL+sd	gal 3% gelled acid + sd

INITIAL TEST DATA

Date	9/10/81	9/22/81	10/13/81
Oil-bbl / day	15	20	9
Oil Gravity	43	40	42
Gas-Cu Ft./day	78 MCF	68 MCF	70 MCF
Gas Oil Ratio Cu Ft /Bbl	5200: 1	3400: 1	7771: 1
Water Bbl / day	23	18	10
Pumping or flowing	Flowing	Flowing	Flowing
CHOKE SIZE	3/4"	3/4"	3/4"
FLOW TUBING PRESSURE	20	10	0

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

(OVER)

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

Jerry R. Diener, Supv. Drilg & Prod.

Telephone 848-3388

Name and title of representative of company

Subscribed and sworn before me this 29 day of October 1981

My commission expires 9-14-85

Notary Public Shirley L. Powers

PLEASE TYPE OR USE BLACK INK ONLY

(RULE 3-205) FORMATION RECORD**11747**

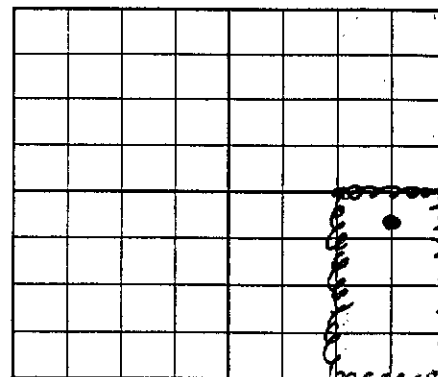
Give formation names and tops, if available, or descriptions and thickness of formations drilled through Show intervals cored or drillstem tested

FORMATION	TOP	BOTTOM	FORMATION	TOP	BOTTOM
Cleveland	6670	6725	<div>RECEIVED CONSERVATION DEPARTMENT NOV 03 1961 OKLAHOMA CORPORATION</div>		
Big Lime	7017	7040			
Oswego	7046	7110			
Prue	7109	7171			
Verdigris	7171	7180			
Skinner	7180	7262			
Pink Lime	7262	7276			
Red Fork	7273	7310			
Inola	7310	7317			
Bartlesville Zone	7317	7360			
B. P. Miss. Unconformity	7360	7360			
Mississippi Lime	7490	7650			
Woodford Shale	7650	7725			
Hunton Lime	7725	8006			
Sylvan Shale	8006	8110			
Viola Lime	8110	-			
			TOTAL DEPTH		8304'

REMARKS _____

API NO. 017-22096
OTC PROD. UNIT NO. 017-071138
PLUGGING DATE 11-2-04PLUGGING RECORD
OAC 165:10-11-7

411229205

Well Name/No. Garten No. 2-29
Location 1/4 NE 1/4 SE 1/4 Sec 29 Twp 14N Rge 5W
2180 Ft FSL of 1/4 Sec 1980 Ft FWL of 1/4 Sec County Canadian
Total Depth 8300 Base of Treatable Water 850 Well Classification Oil

Locate Well on Grid

OPERATOR

Name Sooner Trend Exploration, Inc. OTC/OCC No. 12270
Address P.O. Box 71 Phone (405) 375-3406
City Kingfisher State OK Zip 73750

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	997'	0	Surface
4 1/2"	8287'	4996'	IC.
			IC.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From 7130	To 7146
Set 2 -	From 7522	To 7624
Set 3 -	From 7730	To 7910
Set 4 -	From	To

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CIBP+CEM	4 1/2"	7080'	2	2	7060	
2	CEM	7 7/8-8 5/8	1053	375	371.7	4	
3							
4							
5							

REMARKS

RECEIVED

Reason for Plugging Hole in casing

NOV 10 2004

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per O.C.C. instructions. The cementing was performed by me or under my direct supervision. I certify all cementing data is true, correct and complete.

Signature *Lance E. Berry* Date 11-2-04 Name and Title Typed or Printed KINGFISHER OFFICE
Company Name Acidizing & Cementing Services Permit No. 575
Address P.O. Box 751 Phone (405) 969-3093
City Crescent State Oklahoma Zip 73028

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature *J. R. Gazin* Date 11-2-04 Name and Title Typed or Printed J. R. Gazin, President

CORPORATION COMMISSION USE ONLY

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

Signature of District Manager *[Signature]* Field Inspector *[Signature]*

INSTRUCTIONS

- 1 Form must be completed in its entirety and mailed to the appropriate District Office within 30 days after plugging is completed.
- 2 Send original and one (1) copy.
- 3 Type or use BLACK ink only. **This form is for record and must be legible.**
- 4 API No. must be on form. To get an API No. call IHS at (405) 232-2722.
- 5 In specifying the type of plug use the following notations:
CIBP - cast iron bridge plug
CEM - cement plug
CIBP + CEM - cast iron bridge plug and cement
Pkr - packer.
If other abbreviations are used, please define.
- 6 Cement plugs shall be placed in the well bore as required by the Rules of the Commission plus any additional plugs as may be specified by the District Manager or his representative, where unusual local conditions exist. (OAC 165:10-11-6)
- 7 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 A minimum 30 foot cement plug is required to be placed in the top of the well. (OAC 165:10-1-)

DISTRICT I
115 West 6th Street
Post Office Box 779
Bristow, OK 74010-0779
(918) 367-3396

DISTRICT II
101 South 6th Street
Post Office Box 1107
Kingfisher, OK 73750-1107
(405) 375-5570

DISTRICT III
1020 Willow Street
Post Office Box 1525
Duncan, OK 73533
(405) 255-0103

DISTRICT IV
703 North Broadway
Ada, OK 74820-3437
(405) 332-3441

FOR COMMISSION USE ONLY

Approved Rejected

- | | | |
|-------|-------|--|
| _____ | _____ | 1. API No. invalid. |
| _____ | _____ | 2. Legal Description invalid for County. |
| _____ | _____ | 3. Operator No. missing/invalid. |
| _____ | _____ | 4. Well location missing/invalid. |
| _____ | _____ | 5. Well name missing. |
| _____ | _____ | 6. Well No. missing. |
| _____ | _____ | 7. Plugging date invalid. |
| _____ | _____ | 8. Well type missing/invalid. |
| _____ | _____ | 9. Total depth missing/invalid. |

Approved Rejected

- | | | |
|-------|-------|--|
| _____ | _____ | 10. Record of pipe pulled incomplete. |
| _____ | _____ | 11. Well location does not match 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: _____ |