

API No. 017-23630
OTC/OCC Operator No. 11739

CEMENTING REPORT
To Accompany Completion Report

Form 1
Rev 11

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name	OCC District II
*Operator Mack Energy Co.	OCC/OTC Operator No. 11739
*Well Name/No. Geyer 1-26	County Canadian
*Location SW 1/4 SE 1/4 NE 1/4 NE 1/4	Sec 26 Twp 13N Rge 8W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		9/26/01				
*Size of Drill Bit (Inches)		12 1/4"				
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)		8 5/8"				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		401'				
Type of Cement (API Class) in first (lead) or only slurry		ACS LITE				
In second slurry		"H"				
In third slurry		-				
Sacks of Cement Used in first (lead) or only slurry		125 sks				
In second slurry		100 sks				
In third slurry		-				
Vol of slurry pumped (Cu ft) (14 X 15) in first (lead) or only slurry		214 ft³				
In second slurry		118 ft³				
In third slurry		-				
Calculated Annular Height of Cement behind Pipe (ft)		403'				
Cement left in pipe (ft)		44'				

*Amount of Surface Casing Required (from Form 1000)

ft.

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? <input type="checkbox"/> ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

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

Remarks

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.



Signature of Cementer or Authorized Representative

Name & Title Printed or Typed

Lance E. Berry Mgr.

Cementing Company

ACIDIZING & CEMENTING SERVICES

Address

P.O. Box 751

City

Crescent

State

OKla.

Zip

73028

Telephone (AC) Number

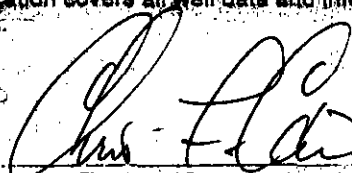
(405) 969-3093

Date

9-26-01

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 Representative

Name & Title Printed or Typed

Chris F. Cain, V.P. Prod.

Operator

Mack Energy Co.

Address

P.O. Box 400

City

Duncan

State

OK

Zip

73534

Telephone (AC) Number

580-252-5580

Date

11-21-01

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 (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), 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.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
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 OAC 165:10-3-4(h).
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATE COMMISSION RULES.

API No. 017-23630
OTC/OCC Operator No. 11739

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev. 1998

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

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TYPE OR USE BLACK INK ONLY

*Field Name	OCC District II
*Operator MACK ENERGY	OCC/OTC Operator No 11739
*Well Name/No. GYER 1-26	County CANADIAN
*Location SW 1/4 SE 1/4 NE 1/4 NE 1/4	Sec 26 Twp 13N Rge 8W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					10/9/01	
*Size of Drill Bit (Inches)					7 7/8	
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)					5 1/2	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					7008	
Type of Cement (API Class) in first (lead) or only slurry					CLASS H	
In second slurry						
In third slurry						
Sacks of Cement Used in first (lead) or only slurry					150	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry					177	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					1005	
Cement left in pipe (ft)					44	

*Amount of Surface Casing Required (from Form 1000)

ft.

*Was cement circulated to Ground Surface?	YES	X	NO	*Was Cement Staging Tool (DV Tool) used?	YES	X	NO
				PORT COLLAR			
*Was Cement Bond Log run?	X	Yes	No (If so, Attach Copy)	*If Yes, at what depth?			ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

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

Remarks

*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.

Andrew Calvin Thigpen

Signature of Cementer or Authorized Representative

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.

Chris F. Cain

Signature of Operator or Authorized Representative

Name & Title Printed or Typed

ANDREW CALVIN THIGPEN SERVICE SUPERVISOR

Cementing Company

B J SERVICES

Address

P.O. BOX 850570

City

YUKON

State

OK

Zip

73085

Telephone (AC) Number

405-354-8861

Date

10-9-01

*Name & Title Printed or Typed

Chris F. Cain, V.P. Prod.

*Operator

Mack Energy Co.

*Address

P.O. Box 400

*City

Duncan

*State

OK

*Zip

73534

*Telephone (AC) Number

580-252 5580

*Date

11-21-01

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- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

111272006

API NO 017-23630
OTC PROD. UNIT NO

Rule 165 10-3-25
☒ ORIGINAL
☐ AMENDED
 Reason Amended _____

COMPLETION REPORT
 OKLAHOMA CORPORATION COMMISSION
 Oil & Gas Conservation Division
 Post Office Box 52000-2000
 Oklahoma City, Oklahoma 73152-2000

40SWADEU



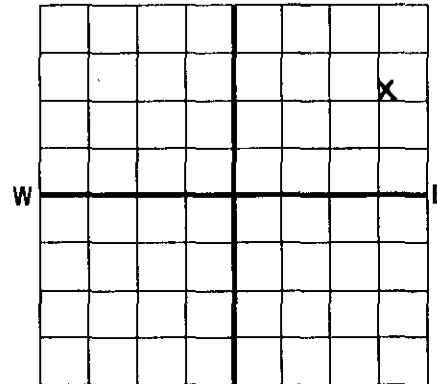
PLEASE TYPE OR USE BLACK INK ONLY

NOTE: Attach copy of original 1002A if recompletion or reentry

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
 If directional or horizontal see reverse for bottom hole location

COUNTY Canadian	SEC 26	TWP 13N	RGE 8W
LEASE NAME Gyer		WELL NO #1-26	
SHL SW 1/4 SE 1/4 NE 1/4 NE 1/4 1540' FSL 2085' FWL OF 1/4 SEC			
ELEVATION Derrick Ft 1345' Ground 1336'		SPUD DATE 9-26-01	
DRLG FINISHED 10-10-01		WELL COMPLETION 11-8-01	
1ST PROD DATE		RECOMP DATE	



LOCATE WELL

OPERATOR NAME
MACK ENERGY CO.

ADDRESS
P.O. Box 400

CITY
Duncan

STATE
OK

ZIP
73534

OTC/OCC OPERATOR NO.
11739

<input checked="" type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE ORDER NO
<input type="checkbox"/> COMINGLED ORDER NO
LOCATION EXCEPTION ORDER NO.
INCREASED DENSITY ORDER NO
PENALTY

OIL OR GAS ZONES FORMATIONS	TOP	BOTTOM
Upper Wade	6837'	6848'

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	8 5/8"	24#	J-55	401'		125		Surface
Intermediate								
Production	5 1/2"	15.5 & 14#	J-55	7008'		150		6210'
Liner								

PACKER @ **N/A** BRAND & TYPE _____ TOTAL DEPTH **7025'**

PLUG @ **N/A** TYPE _____

FORMATION	Upper Wade
SPACING & SPACING	Not spaced
ORDER NUMBER	
CLASS: Oil, Gas, Dry Inj., Disp., Comm Disp	Dry
PERFORATED INTERVALS	6837-6848'
ACID/VOLUME	750 gals
Fracture Treated?	Yes
Fluids Amounts	32000 gals

INITIAL TEST DATA

INITIAL TEST DATE	N/A
OIL-BBL/DAY	
OIL-GRAVITY (API)	
GAS-MCF/DAY	
GAS-OIL RATIO CU FT/BBL	
WATER-BBL/DAY	
PUMPING OR FLOWING	
INITIAL SHUT-IN PRESSURE	
CHOKE SIZE	
FLOW TUBING PRESSURE	

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.

Chris F. Cain, V.P. Production

SIGNATURE

NAME (PRINT OR TYPE)

P.O. Box 400

Duncan

OK

73534

ADDRESS

CITY

STATE

ZIP

11-21-01

(580) 252-5580

DATE

PHONE NUMBER

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

APPROVED sm

DISAPPROVED _____

1) ITD Section

a) No Intent to Drill on file

1) Send warning letter _____

2) Recommend for contempt _____

2) Reject Codes

WJD

017-23630

Were open hole logs run? ☒ yes ☐ no

Date Last log was run 10-8-01

Was CO2 encountered? ☐ yes ☒ no at what depths?

Was H2S encountered? ☐ yes ☒ no at what depths?

Were unusual drilling circumstances encountered? ☐ yes ☒ no

If yes, briefly explain.

Other remarks

640 Acres

Direction Must be stated in degrees azimuth.

Directional surveys are required for all drainholes and directional wells.

BOTTOM HOLE LOCATION					
SEC	TWP	RGE	COUNTY		
Spot Location			Feet From Quarter Section Lines		
1/4	1/4	1/4	1/4	FSL	FWL
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:	
BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)					
DRAINHOLE #1					
SEC	TWP	RGE	COUNTY		
Spot Location			Feet From Quarter Section Lines		
1/4	1/4	1/4	1/4	FSL	FWL
Depth of Deviation		Radius of Turn		Direction	Total Length
Measured Total Depth		True Vertical Depth		End Pt Location From Lease, Unit or Property Line:	
DRAINHOLE #2					
SEC	TWP	RGE	COUNTY		
Spot Location			Feet From Quarter Section Lines		
1/4	1/4	1/4	1/4	FSL	FWL
Depth of Deviation		Radius of Turn		Direction	Total Length
Measured Total Depth		True Vertical Depth		End Pt Location From Lease, Unit or Property Line:	

PERMIT TO DRILL

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 11739-0

API Number: 017-23630

Approval Date: 07/25/2001

Expiration Date: 01/25/2002

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

Well Type: OIL/GAS

Well Location: Sec: 26 Twp: 13N Rge: 08W

County: CANADIAN

Spot Location: SW4 SE4 NE4 NE4

Feet From: SOUTH 1/4 Section Line 1540 Feet From: WEST 1/4 Section Line 2085

Feet from the nearest lease line: 220

Lease Name: GYER

Well No: 1

Operator Name: MACK ENERGY CO.

TELEPHONE: (580) 252-5580

Surface Owner Address

JIM & JUDITH CARTER

BOX 447

OKARCHE

OK 73762

Operator Return Address

MACK ENERGY CO.

PO BOX 400

DUNCAN

OK 73534

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: YES

Surface Water used to Drill: NO

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

(1) 405WADEU WADE UP

6850

Not Spaced for Permitted Formations.

Special Orders:

Pending CD Numbers: Location Exception Orders: Increased Density Orders: 454079

Total	Ground	Surface	Depth to base of Treatable
Depth:	Elevation	Casing:	Water-Bearing FM:
7400	1336	375	325

PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 10000 PPM; Average 5100 PPM

Pit is located in a Hydrologically Sensitive Area.

Category of Pit: 1A

20 MIL GEOMEMBRANE LINER REQUIRED.

Pit Location is Alluvial Plain Deposit.

Pit Location Formation: ALLUVIUM

Approved Method for disposal of Drilling Fluids:

Evaporation/Dewater and Backfilling of Reserve Pit.

Haul to Commercial Pit Facility at: Sec 31 Twp 12N Rge 08W County CANADIAN

20 MIL LINER

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

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

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV 1994FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INKOKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
JIM THORPE BUILDING
P.O. BOX 52000-2000
OKLAHOMA CITY, OK 73152-2000
(RULE 165-10-3-1)

BATCH NUMBER (OCC USE ONLY)

07241212

1. OTC/OCC OPERATOR NUMBER 11739
2. API NUMBER 01723630

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)

☒ DRILL ☐ RECOMPLETE ☐ REENTER ☐ DEEPEN ☐ AMEND - REASON

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

4. TYPE OF DRILLING OPERATION >>>>>>>> (NOTE: If directional or horizontal, see reverse side for bottom hole location)

A. ☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLEB. ☐ OIL/GAS ☐ INJECTION ☐ DISPOSAL ☐ WATER SUPPLY

5. WELL LOCATION:

SECTION 26	TOWNSHIP 13N	RANGE 8W	COUNTY Canadian
SPOT LOCATION: SW 1/4 SE 1/4 NE 1/4 NE 1/4			
FEET FROM QUARTER SECTION LINE:		from SOUTH LINE 1540'	from WEST LINE 2085'

7. Well will be 220 feet from nearest lease, unit or property boundary.

8. LEASE NAME: Gyer WELL NUMBER: 1

9. NAME OF OPERATOR:
Mack Energy Co.

ADDRESS: P.O. Box 400 PHONE (AC)NUMBER: (580) 252-5580

CITY: Duncan STATE: OK ZIP CODE: 73534

10. SURFACE OWNER (one only, attach sheet for additional owners)

Jim and Judith Carter

ADDRESS: Box 447

CITY: Okarche STATE: OK ZIP CODE: 73762

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

1) Upper Wade 6850' H05WADEU 6)

2) 7)

3) 8)

4) 9)

5) 10)

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

None

16. PENDING APPLICATION C.D. NO.

NA

17. LOCATION EXCEPTION ORDER NO.

454079

18. INCREASED DENSITY ORDER NO.

NA

OCC USE ONLY

19. TOTAL DEPTH

7400'

20. GROUND ELEV.

1336

21. DEPTH TO BASE OF TREATABLE WATER

325

22. SURFACE CASING

375

23. ALT CASING PROG

USED? ☒ Y ☐ N

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

A. Cement will be circulated from total depth to ground surface on the production casing string.

B. Cement will be circulated from _____ depth to _____ depth by use of a two stage cementing tool.

C. Cement will be used more than one pit or mud system? ☐ Y ☒ N If yes, fill out line 25.2 on top reverse side.D. Type of mud system: ☒ water based; ☐ oil based; ☐ gas based (air drilled) 5,100

E. Expected mud chloride content: maximum 4000 ppm; average 2000 ppm.

F. Type of Pit System: ☒ on-site; ☐ off-site; ☐ closed. If off-site, specify location: _____G. Is depth to top of ground water greater than 10 ft below base of pit? ☒ Y ☐ NH. Within 1 mile of municipal water well? ☐ Y ☒ NI. Wellhead Protection Area ☐ Y ☒ N

OFFSITE PIT #: _____

20 mil liner

25.1. OCC USE ONLY

A. Category

1B

2

3

4

B. Pit Location

A. Alluvial Plain/Terrace Deposit

B. Bedrock Aquifer

C. Other HSA

D. Non-HSA

E. Fm

F. Alluvium

C. Special area or field rule?

D. DEEP SCA?

Y

N

E. Yield > 50

F. CBL required?

Y

N

D. SOIL or GEOMEMBRANE LINER REQUIRED?

Y

N

E. GEOMEMBRANE LINER REQUIRED?

Y

N

F. 20 mil

G. 30 mil

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 feet below base of treatable water-bearing formation.)☐ D. One time land application (REQUIRES PERMIT) PERMIT #☒ E. Haul to Commercial pit facility; Specify site Jay Scott Mud Disposal (405) 262-1888 31-12N-8W, C222222 10☐ F. Haul to Commercial soil farming facility; Specify site☐ G. Haul to recycling/re-use facility; Specify site☒ H. Other, Specify 20 mil liner

I hereby certify I am authorized to submit this two page application prepared by me or under my supervision.

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

SIGNATURE

NAME (Print Name)

PHONE (AC)NUMBER

DATE

Chris F. Cain

Chris F. Cain

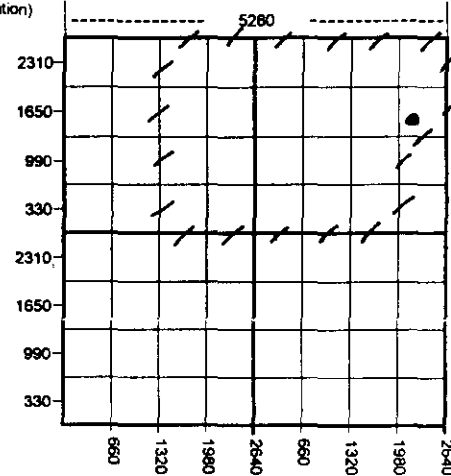
(580) 252-5580

7/22/01

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

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

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



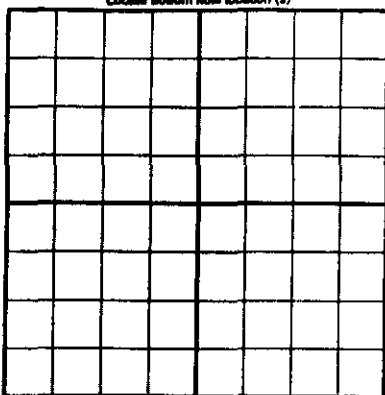
N

SECTION 26
TOWNSHIP 13N
RANGE 8WWELL NAME Gyer
NUMBER 1

25.2. PIT INFORMATION - PIT #2

- A. Type of mud system: ☐ water based; ☐ oil based; ☐ gas based (air drilled)
 B. Expected mud chloride content: maximum _____ ppm; average _____ ppm.
 C. Type of Pit System: ☐ on-site; ☐ off-site; ☐ closed. If off-site, specify location _____
 D. Is depth to top of ground water greater than 10 ft below base of pit? ☐ Y ☐ N
 E. Within 1 mile of municipal water well? ☐ Y ☐ N
 F. Wellhead Protection Area ☐ Y ☐ N

OFFSITE PIT #:



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

25.2. OCC USE ONLY A. Category 1A 1B 2 3 4 5
 B. Pit Location: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other HSA Non-HSA
 C. Special area or field rule? ☐ Y ☐ N Yield > 50
 D. DEEP SCA? ☐ Y ☐ N
 E. SOIL or GEOMEMBRANE LINER REQUIRED? ☐ Y ☐ N; GEOMEMBRANE LINER REQUIRED? ☐ Y ☐ N 20' 30'

29. Bottom Hole Location for Directional Hole:
 SEC TWP RGE County
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE
 Measured Total Depth True Vertical Depth BHL from Lease, Unit, or Property Line:

30. Bottom Hole Location for Horizontal Hole: (DRAINHOLES)
 DRAIN HOLE #1: SEC TWP RGE County
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE
 Depth of Deviation Radius of turn Direction Total Length
 Measured Total Depth: True Vertical Depth: End point location from lease, unit or property line:

DRAIN HOLE #2: SEC TWP RGE County
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE
 Depth of Deviation Radius of turn Direction Total Length
 Measured Total Depth: True Vertical Depth: End point location from lease, unit or property line:

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

1. This well (☐ will ☐ will not) penetrate any known lost circulation zones.
 2. During the drilling of this well, withdrawals from any water well within 1/4 mile (☐ will ☐ will not) exceed 50 gallons per minute.
 3. List the following for all water wells within 1/4 mile of this well. (Information concerning some water wells may be obtained from the OKLAHOMA WATER RESOURCES BOARD, P.O. Box 150, Oklahoma City, OK 73101-0150). If no water wells are found, so state:
 Name of Owner/Operator Address of Owner/Operator Location (Nearest 1/4 1/4 1/4) Deepest producing interval

4. The projected depth of the well (☐ is ☐ is not) less than 100 feet from the top of any enhanced recovery project or gas storage facility.
 5. A cement bond log is required to be run and submitted from not less than 100 feet below the base of the treatable water-bearing formation to the surface.
 6. If casing depth is more than 250 feet deeper than base of the treatable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken.

INTENT TO DRILL CHECKLIST

APPROVED

REJECTED

MJP

Suf

Suf

Suf

7/25/01

OCC USE ONLY

1. SURETY
 A. NONE filed.
 B. EXPIRED: Date 7.31-02
 C. OUTSTANDING CONTEMPT ORDER.

2. INTENTS

3. SPACING

4. GEOLOGY

A. SURFACE CASING

1. Insufficient amount, Requires _____ feet.
 2. Insufficient Alternate Casing Program
 3. No Affidavit Submitted for Alternative Casing Program.
 4. Reentry requires _____ feet, only _____ current.
 B. UNSPACED: Less than 2500 ft (165') More than 2500 ft (330')
 Only _____ ft from N/S and _____ ft from E/W line.

C. SPACED: SPACING ORDER No. _____

1. Square Pattern: 2.5, 10, 40, 160, 640
 2. Rectangular pattern: 5, 20, 80, 320
 NW/SE or NE/SW
 3. Rectangular slot pattern: 5, 20, 80, 320
 Prior to 1971 (Y, N) S/U/LD

D. LOCATION EXCEPTION:

1. Surface Hole Location different
 2. Bottom Hole Location different

E. PENDING APPLICATION: Spacing/Location Exception

C.D. No. _____
 H.O.M. DATE _____

F. OPERATOR NAME DIFFERENT in order No. _____

- Name on order: _____
 Location Exception/Increased Density/Pooling
 Increased Density/Location Exception EXPIRED
 Order Expired: Date _____
 Outline Lease or Property Boundary

OCC USE ONLY

OCC USE ONLY

454079 LE Mack Energy @ 7-13-01
 220 FSN 555 FEW NENE
 26-BN-FW
 Upper Wade
 OCC Rule X2
 OCC-OAC 165:10-1-21

\$100.00

Intent to Drill

Check 27953

Payor: MACK ENERGY

Cashier: SEN

Time: 09:15

Date: 07/24/2001

RECEIVED 07/24/2001

DO NOT WRITE INSIDE THIS BOX

TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000

Form 1003/1003C
(Rev 1996)

API NO. 017-23630
OTC PROD. UNIT NO. N/A
PLUGGING DATE 9/4/02

PLUGGING RECORD
OAC 165-10-11-7

209189203

OKLAHOMA CORPORATION COMMISSION
KINGFISHER OFFICE



Well Name/No. GYER # 1-26
Location SW 1/4 SE 1/4 NE 1/4 NE 1/4 Sec 26 Twp 13N Rge 8W
Total Depth 1540 Ft FSL of 1/4 Sec 2085 Ft FWL of 1/4 Sec 325' Base of Treatable Water
County Canadian Well Classification Dry oil

OPERATOR
Name Mack Energy Co.
Address P.O. Box 400
City Duncan State OK.
OTC/OCC No. 11739
Phone 580-252-5580
Zip 73534

PIPE RECORD	Size	Run (ft)	Pulled (ft)	Conductor
	8 5/8"	401'	0	Surface
				I.C.
				I.C.
				PC
				Lnr.
	5 1/2"	7008'	3219'	

PERFORATION DEPTHS			
Set 1 -	From	6837'	To 6848'
Set 2 -	From		To
Set 3 -	From		To
Set 4 -	From		To

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	Existing CIBP	5 1/2"	6720'	2	1/2 bbl	6710'	
2	Cement	8 5/8"	500	185	38 bbl	surface	surface
3							
4							
5							

REMARKS
Cut csg @ 3219'. Lay down csg. RIH w/ tbg. To 500'. Circ cmt to surface w/ 185 sks. Cut off & cap w/ ID plate

Reason for Plugging non-commercial

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 Date 9/4/02 Name and Title Typed or Printed Doug Smith - cementer
Company Name Thomas Acid & Tool Service Inc. Permit No. 733
Address P.O. Box 1707 Phone (580)252-4672
City Duncan State OK Zip 73534

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 Date 9/9/02 Name and Title Typed or Printed Chris F. Cain V.P. 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 Field Inspector R. Shields

