**OKLAHOMA** 

# **Corporation Commission**

P.O. BOX 52000 OKLAHOMA CITY OKLAHOMA 73152-2000 255 Jim Thorpe Building Telephone: (405)521-2302 FAX: (405)521-3099

### **OIL & GAS CONSERVATION DIVISION**



Robyn Strickland, Division Director

November 23rd, 2021

Multiple Well Transfer Request: 1073MW form

From: Butkin Oil

To: Kodiak Oil & Gas Inc

## A total of 13 wells were transferred

All wells with lines through them were not transferred.

OIL AND GAS CONSERVATION DIVISION P.O. Box 52000 Oklahoma City, OK 73152-2000 405-521-2331 occcentralprocessing@occ.ok.gov





Form 1073MW

Notice of transfer of multiple oil or gas well ownership OAC 165:5-3-1(b)(1)(Q); OAC 165:10-1-7(b)(84) **PAYMENT REQUIRED** 

\$250.00 per Form

| <i>I</i> | crear | cetie | 46 |
|----------|-------|-------|----|

| Ι. | Required | Payment: | \$250.00 |
|----|----------|----------|----------|
|    |          |          |          |

- Fill in the complete legal description on all successive pages. Sort wells in order of "lowest to highest" by API number.

| No. of wells listed: | 13 |
|----------------------|----|
|----------------------|----|

| 4. Use leading zeros for the s  CURRENT OPERATOR  | ection, township,   | and range.   | NEW OPERATOR  |                                      |  |
|---|---|--|---|--------------------------------------|--|
| Name Butkin Oil Com   | pany, L.L   | .C. OCC/OTC NO   | Name Kodiak Oil & C   | Sas, Inc.                            | OCC/OTC NO<br>23226  |
| Address P O Box 2090  |   | <u></u>  | Address 204 N Walnut S  |                                      | 20220  |
| City Duncan   | StateOK   | Zip73534   | City Muenster   | StateTX                              | Zip76252   |
| Phone 580-252-4311  | FAX No./E-r   |  | Phone 940-759-4001  |                                      | net  |
| I verify that I am the legal operators operators hip of this ware true and correct, and that required by the above instruct (Signatory must be fisted on Signature Thomas Luetke Name & Title (Printed) | rell, that the far<br>have completions.<br>iny's Form 1006<br>meyer, Ma | ncts presented herein ted this form as  B Operator's Agreement)                                | Being the new operator, as accept the facts presented as operational responsibility for (Signatory must be listed on control of Signature Mel Waltersch | being true and<br>or the well on the | correct and accept the he described property.  5B Operator's Agreement)                          |
| Signed and sworn to before me  This 17th day of Novemb  |   | CONNIE L. PHILLIPS Stephens County Notary Public in and for State of Oklahoma Comm. # 08012318 | Signed and sworn to before me  This <u>17th</u> day of <u>Nove</u>  |                                      | CONNIE L. PHILLIPS Stephens County Notary Public in and for State of Oklahoma 2 Comm. # 08012318 |
| My commission expir   |   |  | My commission exp   | Com<br>Notary p<br>ires: /2-//       | is L Phillips  |
| who has abandoned the listed  | l well/lease an   | e diligence in attemptin<br>d cannot be located to o   | or, please sign below:  Ig to locate the current operator  btain signature. I have attached  r bankruptcy proceeding pursu                              | l a certified cop                    | by of the recorded lease   |
| Signed and sworn to before t  | ne this   | day of   |   |                                      |  |
| Notary Public:  |   |  | My commission expires:  |                                      |  |
| Department:   |   | Received OCC U   | SE ONLY   | roved Date                           |  |
| рерагинена.   | <del> </del>  | Neceiveu   |   |                                      |  |
| Surety  |   |  | <del></del>   | /2021 MS                             |  |
| Well Records  |   |  | 11/23   | /2021 MS                             |  |

#### OPERATOR NUMBER 21023-0

| OCC USE | 8-Digit<br>API | Weli<br>Name | Well<br>No. | Type<br>Oil,<br>Gas or<br>Dry | Status:<br>ND, SP,<br>AC, TA,<br>or TM | Sec | Тwр | Rge     | CM?<br>If No, leave<br>blank | Qtr | Qtr | Qtr | Qtr | COMMENTS |
|---------|----------------|--------------|-------------|-------------------------------|--|-----|-----|---------|------------------------------|-----|-----|-----|-----|----------|
|         | 019-23779      | BROOKS       | 22          | OIL                           | AC                                     | 24  | 2S  | 3W      |                              | SW  | NE  | SE  | SE  |          |
|         | 019-09958      | BROOKS       | 1-A         | OIL                           | AC                                     | 25  | 25  | 3W      |                              |     | NW  | NE  | NE  |          |
|         | 019-09957      | BROOKS       | 2-A         | OIL                           | AC                                     | 25  | 25  | 3W      |                              | _   | NE  | NE  | NE  |          |
|         | 019-23024      | BROOKS       | ROTH #4     | OIL                           | AC                                     | 25  | 25_ | 3W      |                              | NE  | NE  | NE  | NE  |          |
|         | 019-05293      | BROOKS       | 9           | OIL                           | AC                                     | 25  | 25  | 3W      |                              | SW  | NE  | NE  | NE  |          |
|         | 019-25834      | BROOKS       | 25          | OIL                           | AC                                     | 25  | 25  | 3W      |                              | E2  | NW  | NE  | NE  |          |
|         | 019-22507      | BROOKS       | ROBERT 1    | OIL                           | AC                                     | 30  | 28  | 2W      |                              | NE  | SW  | NW  | NW  |          |
| _       | 019-22805      | BROOKS       | ROBERT 3    | OIL                           | AC                                     | 30  | 2\$ | 2W      |                              | SE  | NW  | NW  | NW  |          |
|         | 019-14240      | BROOKS       | 4           | OIL                           | AC                                     | 30  | 2S  | 2W      |                              |     | NW  | NW  | NW  |          |
|         | 019-04521      | BROOKS       | 10          | OIL                           | AC                                     | 30  | 2S  | 2W      | _                            | N2  | SW  | NW  | NW  |          |
|         | 019-04522      | BROOKS       | 11          | OIL                           | TA                                     | 30  | 25  | 2W      |                              | N2  | SW  | NW  | NW  |          |
|         | 019-23281      | BROOKS       | 21          | OIL                           | AC                                     | 30  | 25  | _<br>2W |                              | SW  | NW  | NW  | NW  |          |
|         | 019-25780      | BROOKS       | 22          | OIL                           | AC                                     | 30  | 25  | 2W      |                              | SW  | NW  | NW  | NW  |          |

## Michaela Stephens

From: Michaela Stephens

**Sent:** Tuesday, November 23, 2021 10:18 AM **To:** Connie Phillips; WFW@NTIN.NET

Subject: Well Transfer

Attachments: Received Paperwork - 2166868- waiting for brad.pdf

To Whom It May Concern,

We have approved the 1073mw from Butkin Oil Company to Kodiak Oil & Gas. A total of 13 wells were transferred.

Sincerely,
Michaela Stephens
Administrative Assistant
Oklahoma Corporation Commission
Oil & Gas Conservation Division

Well Records Section Phone: 405-521-2271 Fax: 405-522-0854

Michaela.Stephens@occ.ok.gov Oklahoma Corporation Commission



| Instructions   |                                       | 1                 |                             |          | COMMISSION      | ١.                   | '   Z        | 15(                                   | i 6 4       | . 5  | Rev. 1996     |
|--|---------------------------------------|-------------------|-----------------------------|----------|-----------------|----------------------|--------------|---------------------------------------|-------------|--|---------------|
| <ul> <li>A. Please type or print using black ink.</li> <li>B. Form must be signed by former operate</li> </ul> | or and new operator                   | li .              | & Gas Cons<br>ost Office Bo |          |                 | •                    |              |                                       | 5280        | _  | 1.07. 133Q    |
| C. Outline boundaries of lease and spot v  | · · · · · · · · · · · · · · · · · · · | 1                 | ihoma City,                 |          |                 |                      | <del>-</del> |                                       | - 3280<br>T | <u>-                                    </u> |               |
| D. Attach 1002A for well.  | ron bonig nansiened.                  | Okla              | ona Oity,                   | AV 19    | ·45-5000        | 2310                 |              |                                       | l           |  |               |
| E. Questions should be directed to Well I  | Records (405) 521-227                 | 4                 | Transfer o                  | of Opera | ator            |                      | _            |                                       |             |  |               |
|  |                                       |                   | OAC 16                      | •        |                 | 1650"                | l            | }                                     | [           |  |               |
| API No.  | OTC Prod.                             | Unit No.          |                             |          |                 |                      |              |                                       |             |  |               |
| 019-22806  | 011                                   | 9-10662           | <del>, -</del>              |          |                 | 990,                 |              | 4                                     |             |  |               |
| Location   | Sec.                                  |                   | Twp.                        |          | Rge.            |                      |              |                                       | M           |  |               |
| SE/4 NW/4 NW/4 NW/4  | 30                                    | <u> </u>          | 28                          |          | 2W              | 330'                 |              | ┩                                     | <b>.</b>  ⊾ |  |               |
|  | FWL of Qtr Sec                        |                   | County                      |          |                 | 22401                |              | [ [                                   |             |  |               |
| 2145'  | 495'                                  |                   | CAF                         | RTER     |                 | 2310'                | ·            | 1                                     |             | <del></del>                                  |               |
| Current Well Name/No.  | O. ROBERT 3                           |                   |                             |          |                 | 1650                 | 1            | 1 1                                   | 1           |  | ľ             |
| Original Well Name/No.   | O. RODERTO                            | <del>-</del>      |                             |          |                 | —   ····             |              | ╁                                     | ∱-          |  | <del></del>   |
| _  | O. ROBERT 3                           |                   |                             |          |                 | 990'                 | i            | ]                                     | 1           |  |               |
| Unit Name (if applicable)  |                                       |                   |                             |          |                 |                      |              | +                                     |             | <del></del> -                                |               |
| N/A  |                                       |                   |                             |          |                 | 330.                 |              |                                       |             |  |               |
|  |                                       |                   |                             |          |                 |                      |              | Locate                                | Well On     | Grid Above                                   |               |
| Well Class: X Oil Gas  | Dry Plugged                           | 1                 |                             |          |                 |                      |              |                                       |             |  | r             |
| Desducing formation (a)  |                                       | <del></del>       | ·                           |          |                 |                      |              |                                       |             |  |               |
| Producing formation(s)  FUSILINID  |                                       |                   |                             |          |                 |                      |              |                                       |             |  |               |
| Oil Transporter/Purchaser  |                                       |                   |                             |          |                 |                      | OTC N        |                                       |             |  |               |
| TOTAL PET  | ROLEUM                                |                   |                             |          |                 |                      | 068          |                                       |             |  |               |
| Gas Measurer   |                                       |                   |                             | _        |                 |                      | OTC N        |                                       |             |  |               |
| N/A  |                                       |                   |                             |          | - <u>-</u> -    |                      | N/A          |                                       |             |  | ·             |
| The offentive data of traveller of the   | Il for the manager = 1                | f Commission      | n rangel-                   | la 46    | lata tha tr     |                      | ı the or     | 14 mg 1 + -1 -                        | _           |  |               |
| The effective date of transfer of this we  | ill for the purposes of               | Commissio         | n records,                  | is the c | ate the transic | er is approved by    | the Col      | nmissio                               | n.          |  |               |
| CURRENT OPERATOR   |                                       |                   |                             | NEV      | V OPERATOR      | ₹                    |              |                                       |             |  |               |
| Name   |                                       | OCC No.           | 16528                       | Nam      | e               |                      |              |                                       |             | OCC No.                                      | 20267         |
| RAIZEN OIL CO.   |                                       | <u> </u>          |                             | -        | RAIZEN OIL      | rrc                  |              |                                       | <del></del> | <u> </u>                                     |               |
| Address BO BOY 4804  |                                       |                   | - 1                         | Addr     |                 |                      |              |                                       |             |  |               |
| PO BOX 1801  | Ctate                                 | 7in               |                             |          | O BOX 1801      |                      |              |                                       |             | Zin  |               |
| City   | State<br>OK                           | Zip<br>73534      | }                           | City     | DUNCAN          |                      | Stat         | E                                     |             | Zip<br>7353                                  | 4             |
| Phone N (580) 252-3102   | FAX No. (580) 255-6                   |                   |                             | Phor     | ne No.          |                      |              | No.                                   |             | 1,000  | ·             |
|  |                                       |                   |                             | 1        | (580) 252-      | 3102                 |              |                                       | 255-633     | 1  |               |
| I verify that I am the legal operator of reco  | rd with authority to tran             | sfer operators    | ship of this                | Being    | the new opera   | itor, as of the effe | clive date   | and time                              | of tran     | sfer accept                                  | the facts     |
| well.  |                                       |                   | J                           | - 1"     | _               | true and correct a   | nd accep     | t the ope                             | rational    | responsibili                                 | ly for the we |
| 1  | . ^                                   | 1                 |                             | on th    | e described pro | perty.               | 0            |                                       |             |  |               |
| Kenneth Raise  | aa h. Vn01                            | 2 / 00            | 7000                        |          | D.,00           | Anne.                | VC a         | 200                                   | _           |  |               |
| Signature  | in my loss                            | y run             | per!                        | Sign     | ature           | / I HOLE             |              | y                                     | `           |  |               |
| KENNETH RAIZEN, Owner/Operator, by:  | POA issued 11/05/97 t                 | i<br>lo: POLLY RA | AIZEN                       | -        |                 | AIZEN, MEMBER        | MANAG        | ER                                    |             |  |               |
|  | /                                     |                   |                             | 1        |                 |                      | er 194       |                                       |             |  |               |
| Name & Title (Typed or Printed)  |                                       |                   |                             | Nam      | e & Title (Type | d or Printed)        |              |                                       |             |  | •             |
| 1  | /                                     | $\sim$ /          | 1                           |          |                 |                      |              |                                       |             |  | 1             |
| Signed and sworn to before me this 5th   | day of November                       |                   | 1997                        | Sign     | ed and sworn to | before me this       | 5th day      | øf <u>No</u>                          | rember      | <del>/</del>                                 | //1997        |
|  |                                       | 111               | _ /                         | 1        |                 |                      |              | _                                     | 1           |  | ,             |
| loons  | iie R. Haden, Notary Po               | ubiic             | are                         |          |                 |                      | annie P      | Haden,                                | Motary 6    | Jublic                                       | 2011          |
| My commission expires: 05/05/98  | no ranguali, Notary Pi                | uallo             | 1                           | Mv c     | ommission expi  |                      | zannie K.    | rianali,                              | TOTAL P     | JUNG   |               |
|  |                                       |                   |                             | , 5      |                 |                      |              | · · · · · · · · · · · · · · · · · · · |             |  |               |
| I verify under oath that I have exercised du   | -                                     |                   |                             |          |                 | rding to OCC reco    | rds, who     | has aba                               | ndoned      | the above w                                  | ell/lease and |
| cannot be located to obtain signature. I ha  | ave attached a copy of                | the certified re  | ecorded as:                 | signmeı  | nt of lease.    |                      |              |                                       |             |  |               |
|  |                                       |                   |                             |          |                 |                      |              |                                       |             |  |               |
|  |                                       |                   |                             | Sian     | ature           |                      |              |                                       |             | ****   |               |
|  |                                       |                   |                             | Sign     | ~.u.e           |                      |              | W. 18                                 | •- /        | e se production                              |               |
| Signed and sworn to before me this   | day of                                |                   |                             |          |                 |                      |              |                                       |             |  |               |
|  | -                                     |                   |                             | _        | Notary Pu       | blic                 |              | 9.6                                   |             |  |               |
| My commission expires:   |                                       |                   |                             |          |                 |                      |              | 4                                     | FF          | B 1 2 <sub>1</sub>                           | 000           |
|  | _                                     | ro 4 0            | 1007                        |          |                 | _                    |              |                                       |             | ו אד מ                                       | ココピ           |
| FOR OCC DSE ONLY   | D                                     | EC 18             | ובכו                        | ,,,      | Daga-da = - :   | N                    | <u> </u>     |                                       | <b></b> .   |  |               |
| Surety Dept. Approved Reject   | ted Date                              | <del></del>       |                             | well     | necoras Dept.   | . Approved           | ∐ Rej        | cted                                  | TV          | /DM  | -             |

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

| Form 1002A<br>Rev 1979  | • | (To be filed with AHOMA (OIL AND G | CORPORA<br>AS CONSI | ATION C<br>ERVATION | CIMMO:<br>AOISIVID | SION                           | OTC COUNTY<br>LEASE NO | COMPLETIO  | ON & TEST DATA BY PI        | RODUCING FORMA            | ATION 3               |
|-------------------------|---|------------------------------------|---------------------|---------------------|--------------------|--------------------------------|------------------------|--|-----------------------------|---------------------------|-----------------------|
| API NO                  |   | horpe Buildin                      |                     |                     |                    | 25 RGE                         | 2W                     | FORMATION  | Fusinilid                   |                           |                       |
| 0192280<br>640 Acre     |   | COMP                               | ANY OPERATING       | Rai                 | zen Oı             |                                |                        | SPACHIG & SPACING ORDER NO                           | NS                          | 10                        | 916                   |
| 160                     |   | TOWN                               | Dunca               | an                  | STATE Z            | OK 7                           |                        | CLASS/FICATION<br>(O L.G Dry Inj. Well)              | 011                         | ,                         |                       |
|                         | $\lambda \Box$                          |                                    |                     |                     |                    | ELL NO Rober<br>3 F NISHED May |                        | PERFORATED   | 2538-60                     |                           |                       |
| $\mathbf{I}$            | $Y \vdash \vdash$                       | 1 1                                |                     |                     |                    | COMPLETED 8-                   | <u>-21<b>-</b>83</u>   |  | 2566-70                     | 2 shots /f                | t.                    |
| 160                     |   | 5C                                 | LOCATED SI          |                     |                    |                                |                        | INTERVALS  | 2572-74                     |                           |                       |
| LOCATE W                | VELL CORREC                             | 214                                | 5 FT FROI           | M SL OF 4 SEC       | * 4 <u>95</u>      | FT FROM                        | WE OF 14 SEC           |  | 2577-86                     | . <u>.</u>                |                       |
|                         | UTLINE LEASE                            | ELEVA                              | TION DERRICK        | FLOOR               |                    | _ GROUND _                     |                        |  |                             | <del></del>               |                       |
| TYPE CON                | APLETION                                | ı                                  |                     |                     |                    |                                |                        | ACIDIZED?  | No                          |                           |                       |
| Single Zone             | e                                       | X                                  | _ Order             | No                  |                    | <del></del>                    |                        | FRACTURE TREATED?                                    | Yes                         |                           |                       |
| _                       |   |                                    |                     | No                  |                    |                                | `                      |  | 20,000 gals                 | of Gelled wat             | er                    |
| Commingle               | :d                                      |                                    | Order               | No                  |                    | <del></del>                    |                        | INITIAL TEST DATA                                    |                             |                           | <del></del>           |
| LOCATION E              | EXCEPTION                               | ON                                 | Order               | No                  |                    | Pena                           | Ity                    | Date   | Aug. 15, 1983               | <u>-</u>                  |                       |
|                         |   |                                    |                     |                     | <u> </u>           |                                |                        | Oil-bbl ∕day   | 12 .                        |                           |                       |
|                         |   | ,                                  | OIL OR G            | AS ZONES            | \                  |                                |                        | Oil Gravity  | 36                          |                           |                       |
| Name                    | T                                       | From                               | To                  | 1                   | lame               | Froi                           | m To                   | Gas-Cu Ft./day                                       | Trace CF                    | CF                        | CF                    |
| Fusi Mh                 | 1d                                      | 2490                               | 2596                |                     |                    |                                |                        | Gas-Oil Ratio Cu Ft / Bbl                            |                             |                           |                       |
|                         |   |                                    |                     |                     |                    |                                |                        | Water-Bbl ∕day                                       | Trace                       |                           |                       |
|                         |   |                                    |                     | <u> </u>            |                    |                                |                        | Pumping or flowing                                   | Pumping                     |                           |                       |
|                         | <del></del> -                           |                                    | CASING              | & CEMENT            | -                  | ,                              | ,                      | CHOKE SIZE   |                             | )                         | -                     |
|                         | Ca                                      | sing Set                           |                     | Csg Test            |                    | Cemer                          | it                     | FLOW TUBING PRESSURE                                 |                             |                           |                       |
| Sıze                    | Wgt                                     | Grade                              | Feet                | Psi                 | Sax                | Fillup                         | Тор                    | A record of the formations of                        | drilled through, and pertur | ent remarks are pre-      | sented on the reverse |
| 1 4 5 <sup>1</sup> 2 ごう | 15½                                     | Limited                            | 2600                | 3000                | 275                | Pozmix                         | Circulate              |  | imed anough und perti       | ient remarks are pre-     | sented on the reverse |
| N 850                   | 24                                      | himited                            | 204                 |                     | 150                |                                | Circula                | W  | (OVER)                      |                           |                       |
| 4                       |   |                                    |                     |                     | ļ                  | 1                              |                        | , 1,   |                             |                           |                       |
|                         |   |                                    |                     |                     |                    |                                |                        | I the undersigned being to and complete according to | •                           |                           |                       |
|                         | ,                                       |                                    |                     |                     | тот                | AL DEPTH_                      | 2625                   | Telephone 405-252-4                                  |                             | d title of representative | Owner - of            |
| PACKERS                 |   |                                    |                     | •                   |                    |                                |                        | Subscribed and sworn befor                           | C+1                         | ay of Oct.                | 19 <u>83</u>          |
| Dep                     | oth                                     |                                    |                     | - <del></del>       |                    | ·                              |                        | My commission expires                                | 2-9-84                      | Eva We                    | loon_                 |

Brooks

PLEASE TYPE OR USE BLACK INK ONLY

## (RULE 3-205) FORMATION RECORD

10916

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

| FORMATION        | TOP  | воттом   | FORMATION       | ТОР  | воттом   |
|------------------|------|----------|-----------------|------|----------|
| Sandy Shale      | 0    | 930      |                 |      |          |
| Shale            | 930  | 940      |                 |      |          |
| Sand, Water      | 940  | 980      |                 |      | [        |
| Sandy Shale      | 980  | 1050     |                 |      |          |
| Sand, Poss. show | 1050 | 1070     |                 |      |          |
| Sandy Shale      | 1070 | 1150     |                 |      |          |
| Sand, Poss. show | 1150 | 1156     |                 | <br> | Į.       |
| Sand, Water      | 1156 | 1170     |                 |      |          |
| Sandy Shale      | 1170 | 1296     |                 |      | '        |
| Sand, Poss. show | 1296 | 1310     |                 |      | 1        |
| Shale            | 1310 | 1430     |                 |      | ]        |
| Sand, Water      | 1430 | 1460     |                 |      |          |
| Shale            | 1460 | 1468     |                 |      | <b>\</b> |
| Sandy Shale      | 1468 | 1590     |                 |      |          |
| Shale            | 1590 | 1606     |                 | }    |          |
| Sand, Water      | 1606 | 1624     | <b>A</b> 4 2 20 | •    | 1        |
| Sandy Shale      | 1624 | 1702     |                 | İ    |          |
| Sand, Water      | 1702 | 1752     |                 |      |          |
| Sha1e            | 1752 | 1780     |                 |      |          |
| Sand, Water      | 1780 | 1800     |                 |      | ļ        |
| Sandy Shale      | 1800 | 1832     |                 |      | j        |
| Sand, Water      | 1832 | 1856     |                 |      | }        |
| Shale            | 1856 | 2052     |                 |      | 1        |
| Sand, Water      | 2052 | 2138     |                 |      |          |
| Sandy Shale      | 2138 | 2149     |                 |      | }        |
| Shale            | 2149 | 2171     |                 |      | }        |
| Sand, Water      | 2171 | 2178     |                 |      | 1        |
| Shale            | 2178 | 2490     |                 |      | İ        |
| 011 Sand         | 2490 | 2586     |                 |      |          |
| Shale            | 2586 | 2625     |                 |      |          |
|                  |      |          |                 |      |          |
|                  |      |          |                 |      |          |
|                  |      |          | }               |      | 1        |
|                  |      |          |                 |      |          |
|                  |      | <u> </u> | TOTAL DEPTH     |      | 2625     |

| REMARKS | 1 | V                                      |  |
|---------|---|--|--|
|         |   |  |  |
|         |   |  |  |
|         | 1 |  |  |
|         |   | ······································ |  |
|         |   |  |  |
|         |   |  |  |
|         |   | ···                                    |  |
|         |   |  |  |
|         |   |  |  |

| Instructions  | OKLAHOMA CORPO                  | ORATION COMMISSION   | $\sim$      | 401220   | Form 1073                      |
|---|---------------------------------|--|-------------|--|--------------------------------|
| A. Please type or print using black ink.  | Oil & Gas Cor                   | nservation Division  | ( \         |  | KCV. 2701                      |
| B. Form must be signed by former operator and new operator.   |                                 | ice Box 52000  | 24          | 3W 528   | $\frac{1}{2}$ 2W $\frac{1}{2}$ |
| C. Outline boundaries of lease and spot well being transferred.   | Oklahoma Cit                    | y, OK 73152-2000   | 2310'       |  |                                |
| D. Attach 1002A for well.  E. Questions should be directed to Well Records (405) 521-2275.  | Transfa                         | r of Operator  |             | <del>                                     </del> |                                |
| En Caronia miorio de directos de men recorda (403) 32142213.  |                                 | 165:10-1-15  | 1650'       |  |                                |
| API No. 019-22805 OTC Prod  | 040 406                         |  | 990'        |  |                                |
| Location SE 1/4 NW 1/4 NW 1/4 NW 1/4  | c. 30 Twp. 2                    | Rge. 2W  | 1S<br>330'  |  |                                |
| Ft FSL of Qtr Sec Ft FWL of Qtr Sec 2145 49:  | County                          | CARTER   | 28          |  |                                |
| Current Well Name/No. BROOKS NO. ROBE   |                                 |  | 1650'       |  |                                |
| Original Well Name/No. BROOKS NO. ROBE  | RT #3                           |  | 990'        |  |                                |
| Unit Name (if applicable) N/A   |                                 |  | 530         |  |                                |
| Well Class: X Oil Gas Dry Plugge  | d.                              |  | 25          | Locate Well O                                    | n Grid Above                   |
| Producing formation(s) FUSILINID  |                                 |  |             | 48E  |                                |
| Oil Transporter/Purchaser TEPPCO  |                                 |  | O           | TC No. 20556                                     |                                |
| Gas Measurer N/A  |                                 |  | O           | TC No. N/A                                       |                                |
| The effective date of transfer of this well for the purposes of Comm  | nission records, is the date th | ne transfer is approved by the   | Commission. |  | •                              |
| CURRENT OPERATOR  |                                 | NEW OPERATOR   |             |  |                                |
| Name RAIZEN OIL L.L.C.  | OCC No. 20267                   |  | OPERATING   | G CO.  | OCC No. 13871                  |
| Address P.O. BOX 1801   |                                 | Address P.O. BOX   | 1936        |  |                                |
| City DUNCAN State OK  | Zip 73534                       | City DUNCAN  |             | State <b>OK</b>                                  | Zip 73534                      |
| Phone No. 580-252-3102 FAX No. 580-25   | 5-6334                          | Phone No. 580-444  |             |  | 444-2308                       |
| I verify that I am the legal operator of record with authority to transfer well.  | operatorship of this            | Being the new operator as presented as being true and on the described property. |             |  |                                |
| Signature   |                                 | Signature  |             |  | <u>-</u>                       |
| Name & Title (Typed or Printed) POLLY RAIZEN,   | ADMINISTRATOR                   |  | 31 M AL     | N WHITNEY, P                                     | RESIDENT                       |
| Signed and swom to before me this * IST that MY DEGEN<br>Commission # DONNA PENNING<br>02013417   | Mington                         | Signed and sworn to before   | E CODMITY   | day of PECEM                                     | llensen                        |
| My commission expires:  Siephens County, Oklah Commission Expires 9-02-20  I verify under oath that I have exercised due diligence in attempting to | 006                             | My commission expires: record according to OCC record                            | <del></del> | ed the above well/lease                          | <b>L 9.2</b><br>and            |
| <i>;</i>  |                                 | Signature  |             |  |                                |
| Signed and sworn to before me this day of   | ,                               | Notary Bablia  |             |  | - mil 1111 a .                 |
| My commission expires   | ii                              | Notary Public  |             | A/L  | F. M. C. Thurson               |
| FOR OCC USE ONLY Surety Dept. Approved Rejected Date  | AR 0 2 2004                     | Well Records Dept,   | Approved    | Rejected Date                                    | 11 N. 20                       |

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

PCN: C1271580L3 RUN DATE/TIME: 08/20/2008 16:51:55

#### OKLAHOMA CORPORATION COMMISSION OIL AND GAS WELL RECORDS DEPARTMENT

PAGE . AS OF DATE: 08/20/2008

#### TRANSFER OF OWNERSHIP UPDATE WELL INFORMATION

BATCH ID: 80723 SEOUENCE NUMBER: 0169

NEW OPERATOR NUMBER: 210230 NAME: BUTKIN OIL COMPANY LLC ADDRESS:

OLD OPERATOR NUMBER: 138710 NAME: WHITCO OPERATING COMPANY ADDRESS:

2090

1936

OK 73534 DUNCAN DUNCAN TELEPHONE NUMBER: 5802524311

EFFECTIVE DATE: 08/20/08

TELEPHONE NUMBER: 5804443626

\*\*\*\* API NUMBER: 019-22805 \*\*\*\*\*

OTC PROD UNIT: 000 00 00000 WELL CLASSIFICATION: LEGAL DESCRIPTION: 30 02S 02W SE4 NW4 NW4 NW4

COUNTY NAME: CARTER

WELL LEASE NAME: BROOKS ROBERT

WELL NUMBER: 3

PRODUCTION FORMATION(S) AND CLASSIFICATION:

AUG 2 0 2008

WELL RECORDS APPROVED