

BOB ANTHONY
Commissioner

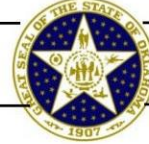
TODD HIETT
Commissioner

DANA MURPHY
Commissioner

OKLAHOMA
CORPORATION COMMISSION
www.oklahoma.gov/occ

Robyn Strickland, Director
Oil and Gas Conservation Division

P.O. BOX 52000
OKLAHOMA CITY, OKLAHOMA 73152-2000



405-521-2331

March 28th, 2023

Multiple Well Transfer Request: 1073MW form

From: The DeHart Company 11992

To: The DeHart Company 24857

A total of **91** wells were transferred

All wells with lines through them were not transferred.



Service · Assistance · Compliance
Excellence is our standard



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

Instructions:

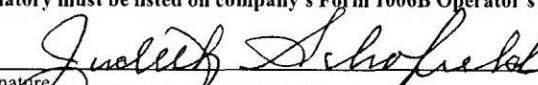
1. Required Payment: \$250.00
2. Fill in the complete legal description on all successive pages.
3. Sort wells in order of "lowest to highest" by API number.
4. Use leading zeros for the section, township, and range.

No. of wells listed: 92

CURRENT OPERATOR

Name The DeHart Company		OCC/OTC NO 11992
Address PO Box 907		
City Ardmore	State OK	Zip 73402
Phone No. 580-223-7792	FAX No./E-mail thedeartcompany@gmail.com	
I verify that I am the legal operator of record with authority to transfer ownership of this well, that the facts presented herein are true and correct, and that I have completed this form as required by the above instructions. (Signatory must be listed on company's Form 1006B Operator's Agreement)		
Signature  Judith Schofield, Manager		
Name & Title (Printed) Judith Schofield, Manager		
Signed and sworn to before me		
This <u>21</u> day of <u>March</u> , <u>2023</u> KELSEY EASTMAN Notary Public, State of Oklahoma Commission # 19004153 My Commission Expires <u>04-22-2023</u>		

NEW OPERATOR

Name The DeHart Company LLC		OCC/OTC NO 24857
Address PO Box 907		
City Ardmore	State OK	Zip 73402
Phone No. 580-223-7792	FAX No./E-mail thedeartcompany@gmail.com	
Being the new operator, as of the effective date of transfer, I accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property. (Signatory must be listed on company's Form 1006B Operator's Agreement)		
Signature  Judith Schofield, Manager		
Name & Title (Printed) Judith Schofield, Manager		
Signed and sworn to before me		
This <u>21</u> day of <u>March</u> , <u>2023</u> KELSEY EASTMAN Notary Public, State of Oklahoma Commission # 19004153 My Commission Expires <u>04-22-2023</u>		

If no current operator, please sign below:

I verify under oath that I have exercised due diligence in attempting to locate the current operator of record according to OCC records, who has abandoned the listed well/lease and cannot be located to obtain signature. I have attached a certified copy of the recorded lease or assignment, or certified copies of a journal entry of judgment or bankruptcy proceeding pursuant to OAC 165:10-1-15(b).

Signature: _____

Signed and sworn to before me this _____ day of _____, _____.

Notary Public: _____ My commission expires: _____

OCC USE ONLY

Department:	Received	Approved Date
Surety		3/28/2023 MS
Well Records		3/28/2023 MS

Fill out the table below, or copy and paste the information from your spreadsheet into the attached Excel file. The attached file may be seen by clicking on the paper clip icon at the far left. Double click on the Excel file "Well List.xlsx", copy and paste your data into the appropriate columns, save and close the attachment. Once the rest of the form is filled out, save the form and submit it with your payment.

occ use	10 Digit API	Well Name	Well Number	Type(Oil, Gas or Dry)	Status(ND, SP, AC, TA, or TM)	Sec	Twn	Rge	Qtr				CM If no Leave Blank	Comments
									Qtr	Qtr	Qtr	Qtr		
	35-019-22645	Amanda	1	Oil	TA	1	1S	3W	CTR	SW	SW			
	35-049-50378	Blanton	1	Oil	TA	28	1N	3W	SW	NE	SE			
	35-049-50381	Blanton	4	Oil	AC	28	1N	3W	SE	NW	NE	SE		
	35-049-50382	Blanton	5	Oil	AC	28	1N	3W	NW	SE	SE			
	35-049-50383	Blanton	6	Oil	AC	28	1N	3W	NE	SW	SE	SE		
	35-049-50384	Blanton	7	Oil	AC	28	1N	3W	S2	SE	SE	SE		
	35-049-50385	Blanton	8	Oil	AC	28	1N	3W	NW	NE	NE	NE		
	35-049-20226	Blanton	13	Oil	AC	28	1N	3W	NE	NE	NE	SE		
	35-049-20715	Blanton	14	Oil	AC	28	1N	3W	NW	NE	SE			
	35-049-25131	Blanton	16	Oil	AC	28	1N	3W	NW	SW	SE	SE		
	35-049-20996	Blanton	15	Oil	AC	28	1N	3W	N2	NW	SE	SE		
	35-067-21071	Boles	2	Oil	TA	35	3S	5W	SW	SW	SE	SE		
	35-067-21025	Brenda	1	Oil	AC	31	3S	4W	NW	SE	SE	SW		
	35-067-21036	Brenda	2	Oil	AC	31	3S	4W	SW	SW	NE	SW		
	35-067-21049	Brenda	4	Oil	AC	31	3S	4W	NE	NE	SW	SW		
	35-067-21048	Brenda	5	Oil	AC	31	3S	4W	CTR	NW	SE	SW		
	35-067-21062	Brenda	6	Oil	AC	31	3S	4W	N2	SW	SE	SW		
	35-067-21064	Brenda	7	Oil	AC	31	3S	4W	NW	NE	SW	SW		
	35-067-21099	Cassity	1	Oil	AC	5	4S	4W	SW	SW	SW	NE		
	35-019-25095	Chevron	1	Gas	AC	26	3S	1E	NE	NE	SW	NW		
	35-085-00264	Dexter J.R.	1	Gas	TA	7	7S	3E	SE	NW	SE	SE		

Fill out the table below, or copy and paste the information from your spreadsheet into the attached Excel file. The attached file may be seen by clicking on the paper clip icon at the far left. Double click on the Excel file "Well List.xlsx", copy and paste your data into the appropriate columns, save and close the attachment. Once the rest of the form is filled out, save the form and submit it with your payment.

OCC use	10 Digit API	Well Name	Well Number	Type(Oil, Gas or Dry)	Status(ND, SP, AC, TA, or TM)	Sec	Twn	Rge	Qtr	Qtr	Qtr	Qtr	CM If no Leave Blank	Comments
	35-067-21040	Dunn	1	Oil	TA	36	3S	5W	NE	NE	NE	SE		
	35-067-20872	Easterwood	1	Oil	AC	2	4S	5W	CTR	NE	NW	NE		
	35-019-02809	Edwards	1	Oil	AC	6	1S	3W	CTR	SW	SW	NW		
	35-019-02808	Edwards	2	Oil	AC	6	1S	3W	CTR	NW	SW	NW		
	35-067-30155	Harris	1	Oil	AC	5	4S	4W	CTR	SE	SE	NW		
	35-067-21097	Harris	2	Oil	AC	5	4S	4W	NE	SE	SE	NW		
	35-137-02141	Hestand	1	Oil	AC	6	1S	3W	CTR	NE	NE	SE		
	35-137-02142	Hestand	2	Oil	AC	6	1S	3W	CTR	SE	NE	SE		
	35-085-00023	Lena B Green	2	Oil	AC	18	7S	3E	E2	NE	SW	NE		
	35-085-20468	Lena B Green	4	Oil	AC	18	7S	3E	NE	SW	NW	NE		
	35-085-20978	Lena B Green	5	Oil	AC	18	7S	3E	SW	NE	NW	NE		
	35-067-21101	London	1	Oil	AC	5	4S	4W	SE	NW	NW	SE		
	35-133-00178	Mandler	1	Oil	AC	3	9N	6E	CTR	SW	SW	SW		
	35-133-22290	Marie	1	Oil	AC	24	5N	7E	CTR	NW	SE	SW		
	35-133-22310	Marie	2	Oil	TA	24	5N	7E	CTR	SE	SE	SW		
	35-133-22653	Marie	3	Oil	TA	24	5N	7E	NE	SE	NE	SW		
	35-019-07372	Nell Pruitt	1	Gas	AC	24	3S	1E	CTR	SW	SW	SW		
	35-067-20849	Bobo	1	Oil	AC	3	4S	4W	SW	NE	SW	NE		
	35-067-20845	Cargile	1	Oil	AC	3	4S	4W	SE	NW	SE	NW		
	35-067-20870	Fowler	1	Oil	AC	3	4S	4W	SW	SW	NE	NW		
	35-067-20906	Fowler	2	Oil	AC	3	4S	4W	SW	SE	NE	NW		

Fill out the table below, or copy and paste the information from your spreadsheet into the attached Excel file. The attached file may be seen by clicking on the paper clip icon at the far left. Double click on the Excel file "Well List.xlsx", copy and paste your data into the appropriate columns, save and close the attachment. Once the rest of the form is filled out, save the form and submit it with your payment.

OCC use	10 Digit API	Well Name	Well Number	Type(Oil, Gas or Dry)	Status(ND, SP, AC, TA, or TM									CM If no Leave Blank	Comments
						Sec	Twn	Rge	Qtr	Qtr	Qtr	Qtr			
	35-067-20835	Kenny	1	Oil	AC	3	4S	4W	S2	NW	NW	SE			
	35-067-20854	Kenny	3	Oil	AC	3	4S	4W	CTR	SE	NW	SE			
	35-067-20839	Lunsford	1	Oil	AC	3	4S	4W	SE	SE	SE	NW			
	35-067-20853	Sun	1(B)	Oil	AC	3	4S	4W	NW	NE	SW	SE			
	35-067-20857	Sun	2	Oil	TA	3	4S	4W	NE	NW	SW	SE			
	35-019-26115	Davis	1	Oil	TA	1	1S	3W	CTR	NW	SE	SW			
	35-019-24552	Ewell	1	Oil	AC	1	1S	3W	SW	SW	NW	NW			
	35-019-24825	Houston	1	Oil	AC	12	1S	3W	NE	SE	SE	NE			
	35-019-24504	Jent	1	Oil	TA	2	1S	3W	NE	NE	SE	NE			
	35-019-24782	Cecil Jones	1	Oil	AC	12	1S	3W	CTR	NW	NE	NE			
	35-019-24799	Cecil Jones	2	Oil	AC	12	1S	3W	NE	SW	NE	NE			
	35-019-24857	Cecil Jones	3	Oil	AC	12	1S	3W	E2	NW	NE	NE			
	35-019-24903	Cecil Jones	5	Oil	AC	12	1S	3W	SW	SW	NE	NE			
	35-019-26271	Cecil Jones	6	Oil	AC	1	1S	3W	SW	SW	SE	SE			
	35-019-24865	Daube Jones	4	Oil	AC	12	1S	3W	NE	NW	SE	NE			
	35-019-24902	Mitchell	1	Oil	AC	12	1S	3W	CTR	NE	NW	NE			
	35-019-24807	Nina Mae	1	Oil	AC	12	1S	3W	SW	SE	NE	NE			
	35-019-24821	Nina Mae	2	Oil	AC	12	1S	3W	E2	NE	SE	NE			
	35-019-24858	Nina Mae	3	Oil	AC	12	1S	3W	E2	NE	SE	NE			
	35-019-24892	Nina Mae	4	Oil	AC	12	1S	3W	SW	NE	SE	NE			
	35-019-24380	Peck	1	Oil	AC	2	1S	3W	CTR	SE	NE	NE			

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occ use	10 Digit API	Well Name	Well Number	Type(Oil, Gas or Dry)	Status(ND, SP, AC, TA, or TM)	Sec Twn Rge Qtr Qtr Qtr Qtr								CM If no Leave Blank	Comments
						Sec	Twn	Rge	Qtr	Qtr	Qtr	Qtr			
	35-019-24460	Peck	2	Oil	AC	2	1S	3W	SW	NE	NE				
	35-019-24493	Peck	3	Oil	TA	2	1S	3W	SE	NW	NE	NE			
	35-019-24531	Peck	4	Oil	TA	2	1S	3W	NE	SW	NE	NE			
	35-019-24558	Riddle	1	Oil	AC	1	1S	3W	NW	NW	SW	NW			
	35-019-26216	Riddle	1A	Oil	AC	1	1S	3W	SW	SW	SE	NW			
	35-019-24559	Riddle	2	Oil	AC	1	1S	3W	NW	SE	SW	NW			
	35-019-24562	Riddle	3	Oil	TA	1	1S	3W	NE	SW	SW	NW		EXPIRED PERMIT	
	35-019-26218	Riddle	3A	Oil	AC	1	1S	3W	NE	SW	SW	NW			
	35-019-24563	Riddle	4	Oil	AC	1	1S	3W	SW	NE	SW	NW			
	35-019-24608	Seitz	1	Oil	AC	1	1S	3W	CTR	NW	SW	SE			
	35-019-24745	Setiz	2	Oil	AC	1	1S	3W	CTR	SE	SW	SE			
	35-019-26297	Seitz	3	Oil	AC	1	1S	3W	NE	SE	SW	SE			
	35-019-24594	Wolf	1	Oil	AC	1	1S	3W	NW	NW	NE	SW			
	35-019-24598	Wolf	2	Oil	AC	1	1S	3W	CTR	SE	NE	SW			
	35-019-24605	Wolf	3	Oil	AC	1	1S	3W	NE	SW	NE	SW			
	35-019-24606	Wolf	4	Oil	AC	1	1S	3W	SW	NE	NE	SW			
	35-049-00598	Prince	1	Oil	TA	32	1N	2W	CTR	SW	SW				
	35-019-25020	Pruitt	1	Gas	TA	26	3S	1E	CTR	NW	NW	SE			
	35-019-02792	Tussy	1	Oil	AC	6	1S	3W	CTR	NW	NW	SW			
	35-019-02791	Tussy	2	Oil	AC	6	1S	3W	CTR	SW	NW	SW			
	35-049-24311	Simms	2	Gas	TA	20	1N	3W	E2	NW	NE	SE			

occ use

[illegible]

From: [Michaela Stephens](#)
To: ["THEDEHARTCOMPANY@GMAIL.COM"](mailto:THEDEHARTCOMPANY@GMAIL.COM)
Subject: Well Transfer
Date: Tuesday, March 28, 2023 11:44:00 AM
Attachments: [image001.png](#)
[Received Paperwork - 2333427.pdf](#)

To Whom It May Concern,

We have approved the 1073mw from The DeHart Company 11992 to The DeHart Company LLC 24857. A total of 91 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](#)



NOTIFICATION OF WELL SPUD

OKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
P. O. BOX 52000
OKLAHOMA CITY, OKLAHOMA 73152-2000
(RULE NO. 165: 10-3-2)

WDMS

OTC/OCC Operator Number: 11992-0

API Number: 019-24825

DATE: 08/08/2003

Date of Well Spud/Re-Entry: 9/19/03

Name of
Operator: DEHART COMPANY (THE)
Address: P.O. BOX 914
ARDMORE OK 73402

Phone: (580) 223-7792

WELL LOCATION

Lease Name: HOUSTON

Well Number: 1

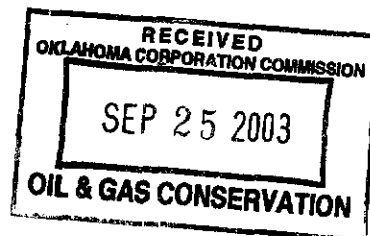
Location: 12-01S-03W
NE4 SE4 SE4 NE4
CARTER

Surface Casing Cement by (If Job Completed)

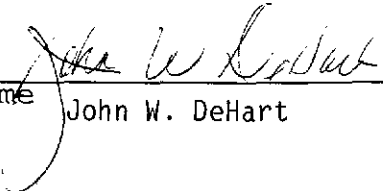
Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____

INSTRUCTIONS (PLEASE FOLLOW)PLEASE TYPE OR USE BLACK INK

- 1) This report must be completed in duplicate and mailed within fourteen (14) days, after spudding, to the Corporation Commission at the above address.
- 2) State the exact date the well was spudded.



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.


Name John W. DeHart

Owner/Partner
Title _____

API NO.
01924825

OTC PROD. UNIT NO.
11992

Rule 165:10-3-25

☒ ORIGINAL
☐ AMENDED
Reason Amended _____

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

503302016

Form 1002A
Rev. 2001

PLEASE TYPE OR USE BLACK INK ONLY

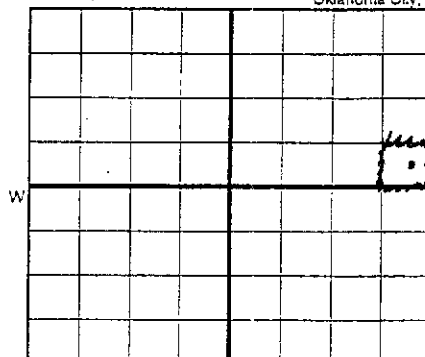
NOTE: Attach copy of original 1002A if recompletion or reentry

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE

If directional or horizontal, see reverse for bottom hole location.

COUNTY Carter	SEC 12	TWP 1S	RGE 3W
LEASE NAME Houston	WELL NO. 1		
SHL NE 1/4 SE 1/4 SE 1/4 NE 1/4 495 FSL 2475 FWL OF 1/4 SEC			
ELEVATION Derrick Ft. Ground	SPUD DATE 9-18-03		
DRILLING FINISHED 9-27-03	WELL COMPLETION 10-8-03		
1ST PROD DATE 10-28-03	RECOMP DATE		



LOCATE WELL

OPERATOR NAME The DeHart Company	OTC/OCS OPERATOR NO. 11992
ADDRESS P. O. Box 914	
CITY Ardmore	STATE OK
ZIP 73402	

COMPLETION TYPE
<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
	Tatums	1878	88

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	8 5/8	24		85		60		surface
Intermediate								
Production	5 1/2	15.5	J55	1918		305265		surface
Liner								
PACKER @			BRAND & TYPE			TOTAL DEPTH		1928
PLUG @			TYPE					

404TTMS

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Tatums		
SPACING & SPACING ORDER NUMBER	50506		
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp	Oil		
PERFORATED INTERVALS	1878-88		
ACID/VOLUME			
Fracture Treated?			
Fluids Amounts			

INITIAL TEST DATA

INITIAL TEST DATE	11-28-03		
OIL-BBL/DAY	6		
OIL-GRAVITY (API)			
GAS-MCF/DAY			
GAS-OIL RATIO CU FT/BBL			
WATER-BBL/DAY			
PUMPING OR FLOWING			
INITIAL SHUT-IN PRESSURE			
CHOKE SIZE			
FLOWTUBING 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.

SIGNATURE 	NAME (PRINT OR TYPE) John W. DeHart
P. O. Box 914	Ardmore OK 73402
ADDRESS 3-28-05	CITY 580-223-7792
DATE	PHONE NUMBER

FORMATION RECORD

LEASE NAME

Houston

WELL NO. 1

NAMES OF FORMATIONS	TOP	BOTTOM
Shale & sand	surface	960
Shale	960	1050
Lime	1050	1060
Shale	1060	1130
Sand & lime	1130	1300
Shale	1300	1420
Lime	1420	1530
Shale	1530	1860
Sand	1860	1910
Shale	1910	1928

FOR COMMISSION USE ONLY	
APPROVED <u>DM</u>	DISAPPROVED _____
	1) ITD Section
	a) No Intent to Drill on file
	1) Send warning letter _____
	2) Recommend for contempt _____
	2) Reject Codes

Were open hole logs run? X yes no

Date Last log was run 9-26-03

Was CO₂ encountered? yes X no at what depths?

Was H₂S encountered? yes X no at what depths?

Were unusual drilling circumstances encountered? yes X no

If yes, briefly explain.

Other remarks:

640 Acres

Directional surveys are required for all drainholes and directional wells.

BOTTOM HOLE LOCATION

SEC	TWP	RGE	COUNTY
Spot Location 1/4 1/4 1/4 1/4			Feet From Quarter Section Lines 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
Depth of Deviation		Radius of Turn	Direction
		Total Length	
Measured Total Depth		True Vertical Depth	End Pt Location From Lease, Unit or Property Line:

API No.
01924825
OTC/OCC Operator No.
11992

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
(Rev. 2001)

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
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 Tatums	OCC District Duncan
*Operator The DeHart Company	OCC/OTC Operator No. 11992
*Well Name/No. Houston #1	County Carter
*Location NE 1/4 SE 1/4 SE 1/4 NE 1/4	Sec 12 Twp 1S Rge 3W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					9-27-03	
*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					1918	
Type of Cement (API Class)					Light Weight	
In first (lead) or only slurry					Reg 4% Gel 2% CC	
In second slurry						
In third slurry						
Sacks of Cement Used					1153x	
In first (lead) or only slurry					1503x	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry					230 cu ft	
In second slurry					228 cu ft	
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					1890	
Cement left in pipe (ft)					0	

*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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? ft

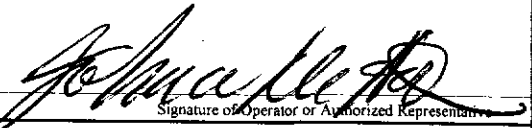
CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* 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.
 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.
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	Jim Darling - Cementer
Cementing Company	Oil Well Cementers Inc.
Address	Box 510
City	HEALDRON
State	OK
Zip	73438
Telephone (AC) Number	580-223-1776
Date	9-27-03

*Name & Title Printed or Typed	John W. DeHart	Owner
*Operator	The DeHart Company	
*Address	P. O. Box 914	
*City	Ardmore	
*State	OK	*Zip
		73402
*Telephone (AC) Number	580-223-7792	
*Date	3-28-05	

INSTRUCTIONS

- 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.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- 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).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

API No.
01924825
OTC/OCC Operator No.
11992

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
(Rev. 2001)

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
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 Tatums	OCC District Duncan
*Operator The DeHart Co.	OCC/OTC Operator No. 11992
*Well Name/No. Houston 1	County Carter
*Location NE 1/4 SE 1/4 SE 1/4 NE 1/4	Sec 12 Twp 15 Rge 3W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		9-18-03				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		Gain + 100%				
*Size of Casing (inches O.D.)		8 5/8				
*Top of Liner (if liner used) (ft.)		-				
*Setting Depth of Casing (ft.) from ground level		85'				
Type of Cement (API Class)		Reg 22.00				
In first (lead) or only slurry		-				
In second slurry		-				
In third slurry		-				
Sacks of Cement Used		60				
In first (lead) or only slurry		-				
In second slurry		-				
In third slurry		-				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		70.8				
In second slurry		-				
In third slurry		-				
Calculated Annular Height of Cement behind Pipe (ft)		Surface				
Cement left in pipe (ft)		10'				

*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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? ft

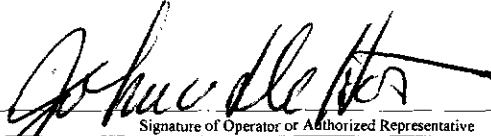
CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* 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.
 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.
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Jerry Richardson Cementer	
Cementing Company	
Oilwell Cementers Inc.	
Address	
P.O. Box 510	
City	
Healdton	
State	Zip
Okla	73438
Telephone (AC) Number	
580-223-1776	
Date	
Sept 18, 2003	

Name & Title Printed or Typed	
John W. DeHart	Owner
*Operator	
The DeHart Company	
*Address	
P. O. Box 914	
*City	
Ardmore	
*State	*Zip
OK	73402
*Telephone (AC) Number	
580-223-7792	
*Date	
3-28-05	

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 CORPORATION COMMISSION RULES.

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)

08063204

1. OTC/OCC OPERATOR NUMBER 11992-0
2. API NUMBER 01924825

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)

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

5. WELL LOCATION

SECTION 12	TOWNSHIP 1S	RANGE 3W	COUNTY Carter
SPOT LOCATION: NE 1/4 SE 1/4 NE 1/4		FEET FROM QUARTER SECTION LINES: from SOUTH LINE 495 from WEST LINE 2475	

Well will be 165 feet from nearest lease, unit or property boundary.

6. LEASE NAME: Houston WELL NUMBER: 1

7. NAME OF OPERATOR: The DeHart Company

ADDRESS: P. O. Box 914 PHONE (AC/NUMBER) 580-223-7792

CITY Ardmore STATE OK ZIP CODE 73402

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

ADDRESS: P. O. Box 151

CITY Tatum STATE OK ZIP CODE 73087

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

- | | | | |
|------------------------------|------|----------|-----|
| 1) 459 Permian | 500 | 459 PRMN | 6) |
| 2) 400 Cisco | 750 | 406 CSCO | 7) |
| 3) 404 Tatum Sand | 1000 | 404 TTMS | 8) |
| 4) | | | 9) |
| 5) | | | 10) |

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

50506 - (10)

16. PENDING APPLICATION C.D. NO.

17. LOCATION EXCEPTION ORDER NO.

18. INCREASED DENSITY ORDER NO.

OCC USE ONLY

19. TOTAL DEPTH

2000

20. GROUND ELEV.

913.968

21. DEPTH TO BASE OF TREATABLE WATER

800 DAN

22. SURFACE CASING

0

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.25. PIT INFORMATION: Using more than one pit or mud system? ☒ Y ☐ N If yes, fill out line 25.2 on top reverse side.A. Type of mud system: ☒ water based; ☐ oil based; ☐ gas based (air drilled)

B. Expected mud chloride content: maximum 1800 ppm; average 1200 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 ☐ NE. Within 1 mile of municipal water well? ☒ Y ☐ NF. Wellhead Protection Area ☒ Y ☐ N

OFFSITE PIT # _____

26.1. OCC USE ONLY

A. Category 1A 1B 2C 3 4 Other HSA Non-HSA Fm Garber

B. Pit Location: Alluvial Plain/Terrace Deposit ☒ Bedrock Aquifer ☐ Other HSA ☐ Non-HSA FmC. Special area or field rule? D. DEEP SCA? ☐ Y ☐ N Yield > 50 E. CBL required? ☒ Y ☐ NF. SOIL or GEOMEMBRANE LINER REQUIRED? ☒ Y ☐ N GEOMEMBRANE LINER REQUIRED? ☐ Y ☐ N 20 mi 30 mi

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: _____☐ F. Haul to Commercial soil farming facility; Specify site: _____☐ G. Haul to recycling/re-use facility; Specify site: _____☒ H. Other; Specify CBL RequiredI 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: <i>John W. DeHart</i>	NAME(Print or Type): John W. DeHart	PHONE(AC/NUMBER): 580-223-7792	DATE: 8-4-03
----------------------------------	-------------------------------------	--------------------------------	--------------

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.

25.2. PIT INFORMATION - PIT #2.

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 #:

Locate bottom hole location (s)									

N

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.

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

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 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 property line: ___

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

(signature on front of this form attests to this affidavit)

1. This well (___ will X 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 X 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: (ATTACH ADDITIONAL SHEET IF NECESSARY)
 Name of Owner/Operator: ___ Address of Owner/Operator: ___ Location (Nearest 1/4 1/4 1/4) ___ Deepest producing interval: ___

N/A

4. The projected depth of the well (___ is X 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

MDP

DKD

DKD

DKD

DKD

OCC USE ONLY

1. SURETY LC
 A. NONE filed. S-31-04
 B. EXPIRED: Date ___
 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
 NWSE or NE/SW
 3. Rectangular slot pattern: 5, 20, 80, 320
 Prior to 1971 (Y, N) SU/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: ___

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
 DATE: 08/06/2005
 TIME: 10:44
 CASHIER: JYP
 PAY TO: THE DEHART COMPANY
 CHECK: 13927
 \$100.00
 INTENT TO DRILL

OCC USE ONLY

OCC USE ONLY

50506/10

ex 44819 Tatum's

NE/4th/1st
parts
12

8-8-03

OKLAHOMA CORP COMM RECEIPT 040560015
 DO NOT WRITE INSIDE THIS BOX

PERMIT TO DRILL

OTC/OCC Number: 11992-0

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILLAPI Number: 019-24825

Approval Date: 08/08/2003

Expiration Date: 02/08/2004

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

Well Type: OIL/GAS

Well Location: Sec: 12 Twp: 01S Rge: 03W

County: CARTER

Spot Location: NE4 SE4 SE4 NE4

Feet From: SOUTH 1/4 Section Line 495 Feet From: WEST 1/4 Section Line 2475

Feet from the nearest lease line: 165

Lease Name: HOUSTON

Well No: 1

Operator Name: THE DEHART COMPANY

TELEPHONE: (580) 223-7792

Surface Owner Address

CECIL JONES

P.O. BOX 151

TATUMS OK 73087

Operator Return Address

THE DEHART COMPANY

P.O. BOX 914

ARDMORE OK 73402

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: YES

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

(1) 459PRMN	PERMIAN	/LM/	500	(2) 406CSCO	CISCO	/LM/	750
(3) 404TTMS	TATUMS		1000				

Spacing Order Numbers: 50506

Special Orders:

Pending CD Numbers:	Location Exception Orders:	Increased Density Orders:	Total Depth:	Ground Elevation	Surface Casing:	Depth to base of Treatable Water-Bearing FM:
			2000	968		800

Alternate Casing Program: (Cement Bond Log Required)

Cement will be circulated from Total Depth to the Ground Surface on the Production Casing String.

PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 1800 PPM; Average 1200 PPM

Pit is located in a Hydrologically Sensitive Area.

Category of Pit: 2

Liner not required for Category: 2 PIT

Pit Location is Bedrock Aquifer.

Pit Location Formation: GARBER

Cement Bond Log Required.

Approved Method for disposal of Drilling Fluids:

Evaporation/Dewater and Backfilling of Reserve Pit.

CBL REQUIRED.

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.