

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2003

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

OKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
JIM THORPE BUILDING
P.O. BOX 52000
OKLAHOMA CITY, OK 73152-2000
(RULE 165:10-3-1)

BATCH NUMBER (OCC USE ONLY)

02217204

1. OTC/OCC OPERATOR NUMBER

18082

2. API NUMBER

049-24601

3. NOTICE OF INTENT TO:

☒ 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 SUPPLY6. LOCATE WELL AND OUTLINE
LEASE OR SPACING UNIT IN INK

5. WELL LOCATION:

SECTION	26	TOWNSHIP	1N	RANGE	1E	COUNTY	Garvin
SPOT LOCATION:	C SW 1/4 SW 1/4						
FEET FROM QUARTER	from SOUTH LINE		from WEST LINE				
SECTION LINES:	660		660				

7. Well will be 660 feet from nearest unit or property boundary.

8. LEASE NAME: Wildhorse WELL NUMBER: #1

9. NAME OF OPERATOR:
Bays Exploration, Inc.

ADDRESS	PHONE (AC/NUMBER)
101 Park Ave., Ste. 900	405-235-2297
CITY	STATE
Oklahoma City,	OK
ZIP CODE	73102

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)

W.E. Dulaney

ADDRESS	PHONE (AC/NUMBER)
Route 1, Box 20	
CITY	STATE
Wynnewood	OK
ZIP CODE	73098

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

1) Hoxbar - 1500	405 HXBR	6) Bromide - 9920	202 BRMD
2) Deese - 5000	404 DEESS	7) McLish - 10,760	202 MCLS
3) Sycamore - 8550	352 SCMR	8) Oil Creek - 11,220	202 OLCK
4) Hunton - 8890	269 HNTN	9) Joins - 11,390	202 JONS
5) Viola - 9390	202 VIOL	10) Arbuckle - 11,590	169 ABCK

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):
519276 519274 - 160 acres

16. PENDING APPLICATION C.D. NO.

17. LOCATION EXCEPTION ORDER NO.

18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH	20. GROUND ELEV.	21. BASE OF TREATABLE WATER	22. SURFACE CASING	23. ALT CASING PROG USED?
14,000	802	110	50V	160
				Y X 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.

25.1. 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 DRILL)
 B. EXPECTED MUD CHLORIDE CONTENT: maximum: 5,000 ppm; average: 2,000 ppm.

PIT #1 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

Off-Site Pit No. _____

26.1	A. CATEGORY	1A	1B	2	3	4	C
OCC USE ONLY	B. PIT LOCATION:	Alluvial Plain/Terrace Deposit					
	C. Special area or field rule?						
	D. DEEP SCA?	Y N					
	E. CBL required?	Y N					
	F. SOIL or GEOMEMBRANE LINER REQUIRED?	Y N					
	20 mil GEOMEMBRANE LINER REQUIRED?	X Y N					

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 NO. _____
☐ 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: 20 mil liner required

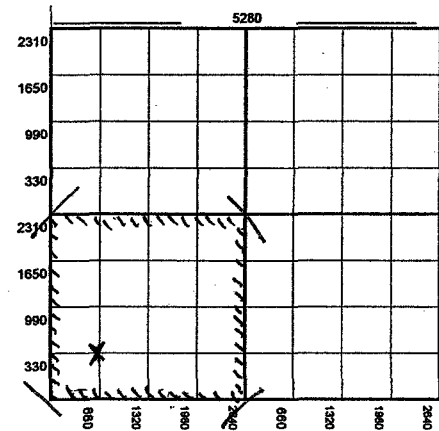
I hereby certify I am authorized to submit this two page application prepared by me or under my supervision.

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

SIGNATURE	NAME (Print or Type)	PHONE (AC/NUMBER)	DATE
<i>Carlos M. Gonzalez</i>	Carlos M. Gonzalez	405-235-2297	

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

26 IN 1E
 SEC TOWNSHIP RANGE
 Wildhorse #1

5.2. PIT INFORMATION:

A. TYPE OF MUD SYSTEM: WATER BASED OIL BASED GAS BASED (AIR DRILL)
 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

Off-Site Pit No. _____

18.2. OCC USE ONLY A. CATEGORY 1A 1B 2 3 4 C Fm: _____
 B. PIT LOCATION: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other H.S.A. Non-H.S.A.
 C. Special area or field rule? _____ D. DEEP SCA? Y N Yield > 50
 E. SOIL or GEOMEMBRANE LINER REQUIRED? Y N 20 mil GEOMEMBRANE LINER REQUIRED? Y N

19. Bottom Hole Location SEC TWP RGE COUNTY
 for Directional Hole:

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES:

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 from SOUTH LINE from WEST LINE
 SECTION LINES:

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 from SOUTH LINE from WEST LINE
 SECTION LINES:

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)

- This well WILL WILL NOT penetrate any known lost circulation zones.
- During the drilling of this well, withdrawals from any water well within 1/4 mile WILL WILL NOT exceed 50 gallons per minute.
- 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.
- 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, 2800 N. Classen Blvd., Oklahoma City, OK 73118). IF NO WATER WELLS 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

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

#11, #12 per APPROVED
 Carlos 2-22-07
 C/PV

SPV

SPV

SPV

REJECTED

OCC USE ONLY

1. SURETY

- A. NONE filed.
 B. EXPIRED: Date 4-13-07
 C. OUTSTANDING CONTEMPT ORDER.

2. INTENTS

3. SPACING

4. GEOLOGY

A. SURFACE CASING

- Insufficient amount, Requires _____ feet.
- Insufficient Alternate Casing Program.
- No Affidavit Submitted for Alternative Casing Program.
- Reentry requires _____ feet, only _____ current.

B. UNSPACED: Less than 2500 ft (165') More than 2500 ft (330')

Only _____ ft from N/S and _____ from E/W line.

C. SPACED SPACING ORDER No. _____

- Square pattern: 2.5, 10, 40, 160, 640
- Rectangular pattern: 5, 20, 80, 320
NW/SE OR NE/SW
- Rectangular slot pattern: 5, 20, 80, 320
Prior to 1971 (Y, N) SULD

D. LOCATION EXCEPTION:

- Surface hole location different
- 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: _____

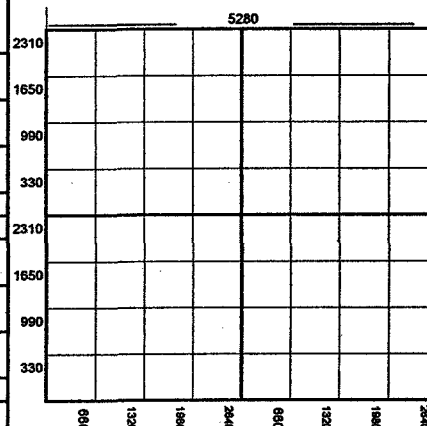
Location Exception/Increased Density/Pooling

Increased Density/Location Exception EXPIRED

Date Order Expired: _____

Outline Lease or Property Boundary

28. Locate Bottom Hole



- If more than two drainholes are proposed, attach separate sheet indicating the necessary information.
- Direction must be stated in degrees azimuth.
- 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.

DO NOT WRITE INSIDE THIS BOX

2-22-07

\$100.00

46 Intent to Drill

59438

Check

Payor: BAYS EXPLORATION INC
 Cashier: NYR
 Date: 02/16/2007
 Time: 15:53
 Receipt: 073460065

PERMIT TO DRILL

OTC/OCC Number: 18082-0

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILLApproval Date: 02/22/2007
Expiration Date: 08/22/2007API Number: 049-24601

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE
County: GARVIN Spot Location: CSW4 SW4
Feet From: SOUTH 1/4 Section Line 660 Feet From: WEST 1/4 Section Line 660
Lease Name: WILDHORSE

Well Type: OIL/GAS

Well Location: Sec: 26 Twp: 01N Rge: 01E

Well No: 1

Feet from the nearest lease line: 660

Operator Name: BAYS EXPLORATION INC

TELEPHONE: (405) 235-2297

Surface Owner AddressW E DULANEY
RT 1, BOX 20
WYNNEWOOD OK 73098Operator Return AddressBAYS EXPLORATION INC
101 PARK AVE SUITE 900
OKLAHOMA CITY OK 73102

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) 405HXBR	HOXBAR	1500	(2) 404DEESS	DEESE	5000
(3) 352SCMR	SYCAMORE	8550	(4) 269HNTN	HUNTON	8890
(5) 202VIOL	VIOLA	9390	(6) 202BRMD	BROMIDE	9920
(7) 202MCLS	MCLISH	10760	(8) 202OLCK	OIL CREEK	11220
(9) 202JONS	JOINS	11390	(10) 169ABCK	ARBUCKLE	11590

/LM, GROUP/

/SILICEOUS/

Spacing Order Numbers: 519276

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:
			14000	802	160	110

PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 5000 PPM; Average 2000 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: ALUVIUM

Approved Method for disposal of Drilling Fluids:

Evaporation/Dewater and Backfilling of Reserve Pit.

20MIL LINER 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.

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)



OTC/OCC Operator Number: 18082-0

API Number: 049-24601

DATE: 02/22/2007

Date of Well Spud/Re-Entry: 3/3/07

Name of
Operator: BAYS EXPLORATION INC
Address: 101 PARK AVE STE 900
OKLAHOMA CITY OK 73102

Phone: (405) 235-2297

WELL LOCATION

Lease Name: WILDHORSE

Well Number: 1

Location: 26-01N-01E
CSW4 SW4
GARVIN

Surface Casing Cement by (If Job Completed)

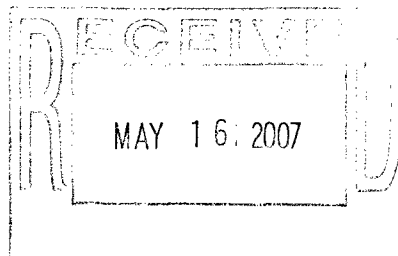
Name: Cementing Services LLCAddress: 809 E. Highway 29City: Marlow State: OKZip Code: 73055INSTRUCTIONS (PLEASE FOLLOW)PLEASE TYPE OR USE BLACK INK

- 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.

[Signature]
Name

Operations Mgr
Title



API No. 041-24601
OTC/OCC Operator No. 18082

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev 1996

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 3	
*Operator BAYS EXPLORATION		OCC/OTC Operator No 18082	
*Well Name/No. WILD HORSE #1		County GARVIN	
*Location C 4th SW 1/4 SW 1/4	Sec 26	Twp 1N	Rge 1E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		3 3 07				
*Size of Drill Bit (Inches)		17 1/2				
*Estimated % wash or hole enlargement used in calculations		100				
*Size of Casing (inches O.D.)		13 3/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		198				
Type of Cement (API Class)		H				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used						
In first (lead) or only slurry		211				
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)						
In first (lead) or only slurry		253				
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		168				
Cement left in pipe (ft)		38				

*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 NO-X
*Was Cement Bond Log run? ___ 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

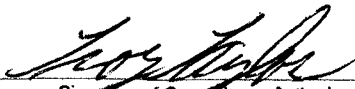
* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks

*Remarks

CEMENTING COMPANY

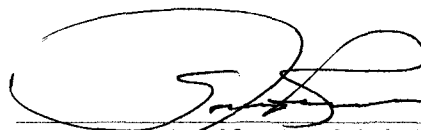
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.



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	
TROY TAYLOR-----	SERVICE SUPERVISOR
Cementing Company	
BJ SERVICES	
Address	
P O BOX 850570	
City	
YUKON	
State	Zip
OK	73085
Telephone (AC) Number	
405-354-8861	
Date	
3 3 07	

*Name & Title Printed or Typed	
STEVE Ramsey, Ope Mgr	
*Operator	
Days Exploration, Inc.	
*Address	
101 Park Avenue, Suite 900	
*City	
Oklahoma City	
*State	*Zip
OK	73102
*Telephone (AC) Number	
405-235-2297	
*Date	
March 3 2007	

INSTRUCTIONS

- 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.
 - 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.
 - 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. **041-24601**
 OTC/OCC Operator No. **18082**

CEMENTING REPORT
 To Accompany Completion Report

Form 1002C
 Rev. 1996

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	
*Operator BAYS EXPLORATION		OCC/OTC Operator No 3 18082	
*Well Name/No. WILDHORSE 1		County GARVIN	
*Location C-74 SW 1/4	Sec 26	Twp 1N	Rge 1E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date				3/10/2007		
*Size of Drill Bit (Inches)				12.25		
*Estimated % wash or hole enlargement used in calculations				20%		
*Size of Casing (inches O.D.)				9 5/8		
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level				2508		
Type of Cement (API Class)				CS LITE		
In first (lead) or only slurry				PREMIUM		
In second slurry				PREMIUM		
In third slurry						
Sacks of Cement Used				400		
In first (lead) or only slurry				120		
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)				792		
In first (lead) or only slurry				142		
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)				2700		
Cement left in pipe (ft)				43		

*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? 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
CEMENT #1: 2%CC, .25 LB/SK CELLUSEAL., CEMENT #2:
2%CC, .25LB/SK CELLUSEAL

*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

LARRY CARPENTER OPERATIONS MGR.

CEMENTING SERVICESS LLC

Address

809 EAST HWY 29

City

MARLOW

State

OK

Zip

75033

Telephone (AC) Number

1-580-658-1465

Date

March 10, 2007

*Name & Title Printed or Typed

STEVE RAMSEY, OPR MGR

*Operator

B245 EXPLORATION, INC.

*Address

101 PARK AVENUE, SUITE 900

*City

OKLAHOMA CITY

*State

OK

*Zip

73102

*Telephone (AC) Number

405-235-2297

*Date

March 10, 2007

INSTRUCTIONS

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- 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
041-024601
 OTC/OCC Operator No
18082

CEMENTING REPORT
 To Accompany Completion Report

Form 1002C
 Rev 1996

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 0	OCC District 3
*Operator Bays Exploration	OCC/OTC Operator No 18082
*Well Name/No Wildhorse # 1	County Garvin
*Location 0 / SW / SW	Sec 26 Twp 1N Rge 1E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					4/14/2007	
*Size of Drill Bit (inches)					7 7/8	
*Estimated % wash or hole enlargement used in calculations					20%	
*Size of Casing (inches O.D.)					5 1/2	
*Top of Liner (if liner used) (ft)						
*Setting Depth of Casing (ft) from ground level					10584'	
Type of Cement (API Class)					Premium	
In first (lead) or only slurry					Premium	
In second slurry						
In third slurry						
Sacks of Cement Used					50	
In first (lead) or only slurry					590	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft) (14 X 15)					125	
In first (lead) or only slurry					713.90'	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					4763.77'	
Cement left in pipe (ft)					44'	

*Amount of Surface Casing Required (from Form 1000) _____ ft.

*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" 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? _____ 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


Cement #1: PREMIUM: 5% KCL, 3 PPS Kolseal, 5/10 CFL-160, 1/4 PPS Celluseal * Cement # 2: PREMIUM: 5% KCL, 3 PPS Kolseal, 5/10 CFL-160, 1/4 PPS Celluseal *

Cement #3: 0: 0 * Cement #4: 0: 0 * Cement #5: :

*Remarks

CEMENTING COMPANY

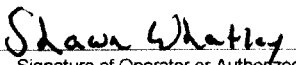
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct 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

Greg Shelton

Cementing Services LLC

Address

809 E. Hwy. 29

City

Marlow

State

OK

Zip

73055

Telephone (AC) Number

580-658-1465

Date

April 14, 2007

*Name & Title Printed or Typed

Shawn Whalley Drilling Foreman

*Operator

Bays Exp. Etc.

*Address

101 Park Avenue Suite 900

*City

Oklahoma City

*State

Oklahoma

*Zip

73102

*Telephone (AC) Number

405) 235- 2297

*Date

4-14-07

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.**

PI NO. 9-24601
TC PROD. UNIT NO. 9-122205

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

Form 1002A
Rev. 1986

803202032

202 BRMD

COMPLETION & TEST DATA BY PRODUCING FORMATION

PLEASE TYPE OR USE BLACK INK ONLY

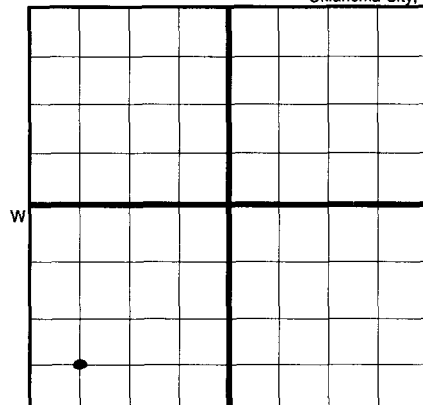
NOTE: Attach copy of original 1002A if recompletion or reentry

TYPE OF DRILLING OPERATION

STRAIGHT HOLE ☒ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE ☐

Directional or horizontal, see reverse for bottom hole location.

COUNTY: Marvin
SEC: 26 TWP: 1N RGE: 1E
WELL NO.: 1
ELEVATION: 660 FSL 660 FWL OF SW/4
SPUD DATE: 3-3-07
WELL COMPLETION: 4/15/2007
RECOMP DATE: 5/20/2007



LOCATE WELL

OPERATOR NAME: Days Exploration, Inc.
ADDRESS: 101 Park Avenue, Suite 900
CITY: Oklahoma City
STATE: OK ZIP: 73102

OTC/OCC OPERATOR NO.: 18082

COMPLETION TYPE: SINGLE ZONE
MULTIPLE ZONE ORDER NO.
COMMINGLED ORDER NO.
LOCATION EXCEPTION ORDER NO.
CREASED DENSITY ORDER NO.
PENALTY

FORMATIONS	TOP	BOTTOM
Bromide	10251	TD
Viola	9798	10251
Hunton	9459	9578
Deese	6604	8042

USING & CEMENT (Form 1002C must be attached)

PIPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Inductor	20			70				Surface
Surface	13 5/8	54.5	J55	198		211		Surface
Intermediate	9.625	40	N-80	79		520		Surface
		40	J-55	2429				
Production	5.5	17	L-80/HCL80	10584		640		7520
Ter								

CRACKER @ BRAND & TYPE TOTAL DEPTH 10,594

UG @ TYPE

FORMATION: Bromide
SPACING & SPACING: 160
ORDER NUMBER: 519276
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp
PERFORATED INTERVALS: 10318 - 26
ACID/VOLUME: 25 bbls @ 7.5 % HC
Fracture Treated?
Fluids Amounts

INITIAL TEST DATA

INITIAL TEST DATE: 5/23/2007
OIL-BBL/DAY: 35
OIL-GRAVITY (API):
GAS-MCF/DAY: 50
GAS-OIL RATIO CU FT/BBL: 1428
WATER-BBL/DAY: 0
PUMPING OR FLOWING: Swab
INITIAL SHUT-IN PRESSURE: 200
CHOKE SIZE:
FLOW TUBING PRESSURE: 0

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: Steve Ramsey
NAME (PRINT OR TYPE): Steve Ramsey
101 Park Ave. Suite 900 Oklahoma City OK 73102
ADDRESS CITY STATE ZIP
DATE: April 2 2008 405-235-2297
PHONE NUMBER

Bays Exploration Wildhorse #1

26-1N-1E
SW quarter

MD (Ft)	Inc. (Deg)	Az. (Deg)	TVD(Elev)	X(Ft)	Y(Ft)	DX(Ft)	DY(Ft)
0	0	0	0	2248522	433910	0	0
213	0.4	142.2	213	2248522	433909.4	0.46	-0.59
289	1.1	209.3	288.99	2248522	433908.6	0.26	-1.43
350	0.5	208.3	349.99	2248522	433907.8	-0.15	-2.18
412	0.4	156.6	411.98	2248522	433907.4	-0.19	-2.62
474	0.4	156.6	473.98	2248522	433907	-0.02	-3.01
536	0.5	54.3	535.98	2248522	433907	0.28	-3.05
599	0.4	85.6	598.98	2248523	433907.1	0.73	-2.88
662	0.4	289.1	661.98	2248523	433907.2	0.74	-2.79
726	0.4	139.3	725.98	2248523	433907.1	0.67	-2.88
789	0.4	70.8	788.98	2248523	433907	1.02	-2.98
917	0.4	55.7	916.97	2248524	433907.4	1.81	-2.58
984	0.4	334.5	983.97	2248524	433907.8	1.91	-2.24
1047	1.1	26.2	1046.97	2248524	433908.5	2.08	-1.49
1112	1.2	45.5	1111.96	2248525	433909.5	2.84	-0.46
1176	1.2	14.5	1175.94	2248525	433910.7	3.49	0.66
1239	1.8	22.6	1238.92	2248526	433912.2	4.03	2.21
1303	1.2	37	1302.9	2248527	433913.7	4.82	3.68
1367	1.8	34	1366.88	2248528	433915	5.79	5.04
1430	2.1	30	1429.84	2248529	433916.9	6.92	6.86
1494	1.9	15.6	1493.8	2248530	433918.9	7.79	8.9
1558	2.3	35.6	1557.76	2248531	433921	8.82	10.97
1621	2.1	29.3	1620.71	2248532	433923	10.12	13
1684	2.6	24	1683.66	2248533	433925.3	11.27	15.31
1748	3	27.9	1747.58	2248535	433928.1	12.64	18.12
1812	3.5	36.3	1811.48	2248537	433931.2	14.58	21.18
1875	3.2	43.7	1874.37	2248539	433934	16.94	24
1939	3.3	45.8	1938.27	2248541	433936.6	19.49	26.57
2003	3.3	37.7	2002.16	2248544	433939.3	21.94	29.31
2067	3.7	46.9	2066.04	2248547	433942.2	24.57	32.18
2130	3.5	40.6	2128.92	2248549	433945	27.31	35.03
2194	3.7	49.7	2192.79	2248552	433947.9	30.15	37.85
2258	3.3	41.3	2256.68	2248555	433950.6	32.94	40.57
2322	3.9	50.4	2320.55	2248558	433953.3	35.84	43.34
2386	3.3	47.6	2384.42	2248561	433956	38.87	45.97
2449	3.9	51.5	2447.3	2248564	433958.5	41.89	48.53
2479	4	44.4	2477.23	2248565	433959.9	43.42	49.91
2632	3.5	55	2629.9	2248573	433966.4	50.98	56.4
2696	4	61.7	2693.76	2248577	433968.6	54.55	58.58
2759	5.6	55.3	2756.54	2248581	433971.4	59.01	61.37
2823	7.2	57.8	2820.14	2248587	433975.3	64.97	65.29
2887	8.3	62.7	2883.56	2248594	433979.5	72.47	69.54
2950	8.3	63.1	2945.9	2248603	433983.7	80.56	73.69
3013	9.3	55	3008.16	2248611	433988.7	88.79	78.66
3077	9.3	48.6	3071.32	2248619	433995.1	96.91	85.05

MD (Ft)	Inc. (Deg)	Az. (Deg)	TVD(Elev)	X(Ft)	Y(Ft)	DX(Ft)	DY(Ft)
3140	9.1	41.3	3133.51	2248626	434002.2	104.01	92.16
3203	8.4	40.2	3195.77	2248632	434009.4	110.27	99.42
3266	9	36.3	3258.05	2248638	434016.9	116.16	106.9
3330	8.5	31.4	3321.31	2248644	434025	121.59	114.97
3394	9.1	32.5	3384.55	2248649	434033.3	126.77	123.28
3458	8.3	28.3	3447.82	2248654	434041.6	131.68	131.62
3521	8.3	30.4	3510.16	2248658	434049.5	136.14	139.54
3585	7	26.8	3573.59	2248662	434057	140.23	147.01
3649	7	26.5	3637.11	2248666	434064	143.73	153.98
3712	7.2	27.2	3699.63	2248669	434070.9	147.25	160.93
3775	7.6	28.6	3762.1	2248673	434078.1	151.05	168.09
3839	7.2	27.6	3825.57	2248677	434085.4	154.93	175.36
3903	7.2	29.7	3889.06	2248681	434092.4	158.78	182.4
3966	7.9	31.1	3951.52	2248685	434099.5	162.97	189.54
4030	7.4	30.7	4014.95	2248689	434106.9	167.35	196.85
4094	7.6	31.1	4078.4	2248694	434114	171.64	204.02
4157	8.4	34.2	4140.79	2248698	434121.4	176.37	211.39
4221	8.1	36.3	4204.12	2248704	434128.9	181.67	218.89
4284	7.7	37.7	4266.53	2248709	434135.8	186.88	225.81
4347	7.9	38.5	4328.94	2248714	434142.5	192.16	232.53
4411	7.7	36.3	4392.35	2248719	434149.4	197.43	239.43
4475	7.6	35.6	4455.78	2248724	434156.3	202.43	246.33
4538	7	36.3	4518.27	2248729	434162.8	207.13	252.81
4602	7.9	31.4	4581.73	2248734	434169.7	211.73	259.71
4666	7.9	34.2	4645.12	2248739	434177.1	216.5	267.1
4729	7.9	29	4707.53	2248743	434184.5	221.03	274.47
4792	7	26.8	4769.99	2248747	434191.7	224.86	281.68
4856	6.5	26.5	4833.55	2248750	434198.4	228.23	288.4
4919	6	36	4896.18	2248754	434204.3	231.76	294.26
4977	6.2	43.7	4953.85	2248758	434209	235.71	298.98
5040	6.9	49.3	5016.44	2248763	434213.9	240.92	303.9
5104	7.6	54.3	5079.93	2248769	434218.9	247.28	308.88
5168	9.1	56	5143.25	2248777	434224.2	254.91	314.18
5232	9.7	47.9	5206.39	2248785	434230.6	263.11	320.62
5296	10.4	44.1	5269.41	2248793	434238.4	271.13	328.39
5359	10	32.8	5331.42	2248800	434247.1	278.05	337.07
5422	8.8	23.3	5393.58	2248805	434256.1	282.92	346.09
5485	9.2	32.5	5455.8	2248810	434264.8	287.53	354.77
5581	7.9	34.9	5550.73	2248817	434276.7	295.43	366.65
5644	7.4	27.9	5613.17	2248822	434283.8	299.8	373.79
5708	7.2	24	5676.66	2248825	434291.1	303.36	381.1
5777	7.7	28.6	5745.07	2248829	434299.1	307.34	389.1
5841	7.7	34.9	5808.5	2248834	434306.4	311.84	396.39
5905	8.6	34.6	5871.85	2248839	434313.8	317.01	403.84
5969	8.6	47.2	5935.14	2248845	434321	323.24	411.03

MD (Ft)	Inc. (Deg)	Az. (Deg)	TVD(Elev)	X(Ft)	Y(Ft)	DX(Ft)	DY(Ft)
6033	7.9	46.9	5998.47	2248852	434327.3	329.96	417.29
6097	7.6	40.6	6061.89	2248858	434333.5	335.93	423.51
6161	7.2	35.3	6125.36	2248863	434340	341	429.99
6224	7.9	37	6187.81	2248868	434346.7	345.89	436.67
6288	7.2	43	6251.26	2248873	434353.1	351.27	443.12
6352	6.7	47.2	6314.79	2248879	434358.6	356.74	448.59
6415	6.9	43.4	6377.34	2248884	434363.8	362.04	453.84
6479	7.7	47.6	6440.83	2248890	434369.5	367.85	459.52
6543	7.7	44.1	6504.25	2248896	434375.5	374	465.49
6607	7.6	48.6	6567.68	2248902	434381.4	380.16	471.37
6671	7.6	48.6	6631.12	2248909	434387	386.51	476.97
6735	7.7	44.8	6694.55	2248915	434392.8	392.7	482.81
6799	8.3	37.7	6757.93	2248921	434399.5	398.55	489.5
6862	8.6	46.2	6820.25	2248927	434406.4	404.73	496.36
6926	8.8	46.9	6883.51	2248934	434413	411.76	503.02
6988	8.6	42	6944.8	2248940	434419.7	418.32	509.71
7054	7.7	44.4	7010.13	2248947	434426.5	424.72	516.53
7117	8.3	45.1	7072.52	2248953	434432.8	430.89	522.76
7181	8.1	45.1	7135.86	2248959	434439.2	437.36	529.2
7244	9	43	7198.16	2248966	434445.9	443.86	535.94
7308	7.9	41.3	7261.47	2248972	434452.9	450.18	542.9
7372	8.3	40.9	7324.83	2248978	434459.7	456.11	549.7
7436	7.7	42.7	7388.2	2248984	434466.3	462.04	556.34
7500	6.9	41.6	7451.69	2248990	434472.4	467.5	562.37
7563	6	39.9	7514.29	2248994	434477.7	472.12	567.72
7626	7.2	39.2	7576.87	2248999	434483.3	476.73	573.31
7690	6.7	32.8	7640.4	2249003	434489.6	481.29	579.56
7754	7.2	39.2	7703.93	2249008	434495.8	485.85	585.8
7817	6.3	38.1	7766.49	2249012	434501.6	490.47	591.58
7880	6.7	41.3	7829.09	2249017	434507.1	495.03	597.06
7944	6.3	45.1	7892.67	2249022	434512.4	499.98	602.35
8008	7.2	48.6	7956.23	2249027	434517.5	505.48	607.48
8071	7.6	45.1	8018.71	2249033	434523	511.39	613.03
8135	8.3	47.2	8082.09	2249040	434529.2	517.78	619.16
8199	9.3	45.1	8145.34	2249047	434535.9	524.83	625.94
8263	8.3	38.5	8208.58	2249053	434543.2	531.37	633.21
8294	9	37	8239.23	2249056	434546.9	534.22	636.9
8358	9.1	42	8302.44	2249063	434554.7	540.62	644.66
8421	8.8	39.9	8364.67	2249069	434562.1	547.05	652.06
8484	8.3	39.2	8426.97	2249075	434569.3	553.01	659.28
8550	9.1	36.3	8492.21	2249081	434577.2	559.11	667.18
8613	8.6	38.8	8554.46	2249087	434584.9	565.02	674.86
8677	9.3	29	8617.68	2249093	434593.1	570.52	683.11
8740	9.1	20.5	8679.88	2249097	434602.2	574.73	692.23
8804	9.1	23.3	8743.07	2249101	434611.6	578.51	701.62

MD (Ft)	Inc. (Deg)	Az. (Deg)	TVD(Elev)	X(Ft)	Y(Ft)	DX(Ft)	DY(Ft)
8868	9.1	26.8	8806.26	2249105	434620.8	582.79	710.79
8931	8.6	22.3	8868.52	2249109	434629.6	586.83	719.59
8995	9.7	26.8	8931.7	2249113	434638.8	591.07	728.83
9058	10.4	23.3	8993.73	2249118	434648.8	595.72	738.79
9122	10.4	37.2	9056.69	2249123	434658.7	601.49	748.7
9186	9.7	32.5	9119.71	2249130	434667.9	607.88	757.85
9249	9.9	33.9	9181.79	2249136	434676.8	613.76	766.82
9313	8.6	44.1	9244.96	2249142	434684.8	620.15	774.83
9377	8.1	44	9308.28	2249149	434691.5	626.62	781.51
9440	9	47.2	9370.58	2249155	434698.1	633.32	788.05
9504	8.6	36.7	9433.83	2249162	434705.3	639.85	795.28
9568	8.3	45.5	9497.14	2249168	434712.4	646	802.36
9631	9.1	41.3	9559.42	2249175	434719.3	652.54	809.29
9695	9.9	28.6	9622.55	2249181	434727.9	658.51	817.92
9758	8.4	21.9	9684.75	2249185	434737	662.82	826.95
9822	7.9	23.3	9748.1	2249188	434745.3	666.3	835.33
9885	8.4	30.7	9810.46	2249192	434753.3	670.36	843.26
9949	7.7	37.7	9873.83	2249197	434760.7	675.37	850.67
10012	7.9	39.2	9936.25	2249203	434767.4	680.69	857.37
10076	7.9	39.2	9999.64	2249208	434774.2	686.25	864.18
10139	8.6	39.5	10061.99	2249214	434781.2	691.98	871.17
10203	9.1	38.5	10125.23	2249220	434788.8	698.18	878.83
10267	8.5	38.8	10188.48	2249226	434796.5	704.29	886.47
10330	8.3	42.3	10250.8	2249232	434803.5	710.27	893.46
10394	8.5	39.5	10314.11	2249238	434810.5	716.39	900.53
10457	7.7	39.9	10376.49	2249244	434817.4	722.06	907.36
10520	9.1	32.8	10438.81	2249249	434824.8	727.46	914.79
10594	9	33	10511.89	2249256	434834.6	733.78	924.56

API NO. 049-24601
OTC PROD. UNIT NO. 049-122205

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

Form 1002A
Rev. 1996

803202032

202 BRMD

COMPLETION & TEST DATA BY PRODUCING FORMATION

PLEASE TYPE OR USE BLACK INK ONLY

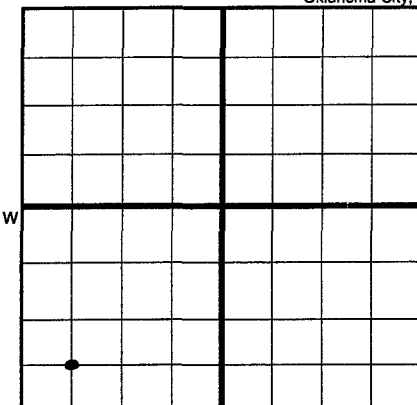
NOTE: Attach copy of original 1002A if recompletion or reentry

TYPE OF DRILLING OPERATION

STRAIGHT HOLE ☒ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE ☐

Directional or horizontal, see reverse for bottom hole location.

COUNTY Garvin	SEC 26	TWP 1N	RGE 1E
LEASE NAME Wildhorse	WELL NO. 1		
SHL C SWSW	660 FSL	660 FWL OF SW/4	
ELEVATION Derrick Fl 825	Ground 802	SPUD DATE 3-3-07	
DRLG FINISHED 4/15/2007	WELL COMPLETION 5/20/2007		
1ST PROD DATE SI WOPL	RECOMP DATE		



LOCATE WELL

OPERATOR NAME Bays Exploration, Inc.	OTC/OCC OPERATOR NO. 18082
ADDRESS 101 Park Avenue, Suite 900	
CITY Oklahoma City	STATE OK
ZIP 73102	

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

OIL OR GAS ZONES

FORMATIONS	TOP	BOTTOM
Bromide	10251	TD
Viola	9798	10251
Hunton	9459	9578
Deese	6604	8042

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor	20			70				Surface
Surface	13 5/8	54.5	J55	198		211		Surface
Intermediate	9.625	40	N-80	79		520		Surface
		40	J-55	2429				
Production	5.5	17	L-80/HCL80	10584		640		7520
Liner								

PACKER @	_____	BRAND & TYPE	_____	TOTAL DEPTH	10,594
PLUG @	_____	TYPE	_____		

FORMATION Bromide	
SPACING & SPACING ORDER NUMBER	160 519276
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp	oil
PERFORATED INTERVALS	10318 - 26
ACID/VOLUME	25 bbls @ 7.5 % HC
Fracture Treated?	
Fluids Amounts	

INITIAL TEST DATA

INITIAL TEST DATE	5/23/2007
OIL-BBL/DAY	35
OIL-GRAVITY (API)	
GAS-MCF/DAY	50
GAS-OIL RATIO CU FT/BBL	1428
WATER-BBL/DAY	0
PUMPING OR FLOWING	Swab
INITIAL SHUT-IN PRESSURE	200
CHOKE SIZE	
FLOW TUBING PRESSURE	0

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 	Steve Ramsey NAME (PRINT OR TYPE)
101 Park Ave. Suite 900	Oklahoma City OK 73102
ADDRESS	CITY STATE ZIP
DATE April 2 2008	405-235-2297 PHONE NUMBER

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

WELL NO. 1

NAMES OF FORMATIONS	TOP	BOTTOM
Deese	6604	8042
Springer	8042	unk
Caney	faulted out	unk
Sycamore	faulted out	unk
Woodford	faulted out	9459
Hunton	9459	9578
Sylvan	9578	9798
Viola	9798	10251
Bromide	10251	TD

FOR COMMISSION USE ONLY	
APPROVED	DISAPPROVED
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	1) ITD Section
	a) No Intent to Drill on file
	1) Send warning letter
	2) Recommend for contempt
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	2) Reject Codes

Were open hole logs run? ☒ yes ☐ no

Date Last log was run APRIL 12, 2007

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:
Spud date per 1001A spv 3-21-08
Straight hole on ITD; 1002A approved per instructions from Ron
Dunkin spv 5-14-08

640 Acres

x

If more than two drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth.

Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

BOTTOM HOLE LOCATION				
SEC	TWP	RGE	COUNTY	
26	1N	1E	Garvin	
Spot Location			Feet From Quarter Section Lines	
SW SW 1/4	NE 1/4	SW 1/4	1585 FSL 1394 FWL	
Measured Total Depth		BHL From Lease, Unit, or Property Line:		
10594 ft		10512 1055		

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	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:	