10A OTC/OCC Oper No 06452 API Number 051-22260 OTC Prod Unit No

This form is an Original XX Amended

To be filed within 30 days after drilling is completed OKLAHOMA CORPORATION COMMISSION

051-22260 2 OTC Prod Uni	t No OKL	AHOMA OIL ANI	CORPO!	RATION RVATION D	COMMI	SSION	1	ALL OF THE	<i></i>	& TEST DATA BY	PRODUCING FO	ORMATION 3
PIFAR	Jim Th E TYPE OR U		ding / Okla		, Oklahom	a 73105-49	993 🔪		FORMATION	ļ		
3 County Gr					5W		640 Acre	g	SPACING & SPACING ORDER NUMBER	163211 163907	ļ	
4 Lease Name	McCONNELI			5 Well N	0 1-3	- 14	1-1-1-1	4-1-1		103507		
7 Well Located	Ey	2	W/2	NE ½		- K+	╂		CIASSIFICATION (Oil, Gas, Dry, Inj Well)	Gas		1
8 1320 Ft Fr						ct V		E		9523'-48'		
9 Elevation D					•	7-1-	4-4-1-1		BEREORATER			
10. COMPANY OPERA		•				_	╂┼╂╢		PERFORATFD			
Address Sul			•			_ [INTERVALS			
CityT					03	_	Locate					
11. Drilling Star						Auu v	Outline :	Lease	ACID/VOLUME	4000 gals	• MRS-1	
12. Well Complete									FRACTURE TREATED?	142,000 16	s - Proppa	nt
		1) Da							Fluids Amounts	795 bbls.		
13 TYPE COMPLETI	ON								INITIAL TEST DATA			
Single Zone	X		_						Date	12/25/91		
Multiple Zone	·		Order No			_			011-bbl/day	5		
Commingled			Order No.	·		_	1	4	Oil-Gravity (*API)	49.5		
LOCATION EXCE	PTION		Order No			_ Penalty			Gas-MCF/day	1,450	00	
INCREASED DEN						-			Gas-Oil Ratio Cu Ft/bbl	290,000	0(
		-							Water-bbl/day	24 BLW	တ	
		15	OIL OR GAS	ZONES		· · · · · · · · · · · · · · · · · · ·			Pumping or Flowing	Flowing	6.1	
Name		From	To	Na	me	Fro	in	То	Initial Shut-In Pressure	2850 psi	0	
OSBORNE	9	510'	9660'						CHOKE SIZE	10/64"		
									FLOW TUBING PRESSURE	2500 ps1.	1	
		<u> </u>							A record of the formations	s drilled throug	zh. and pert:	inent remarks
		16.	CASING & C	EMENT					are presented on the rever			
	Surf & Prod	Casing S	et		Csg Test		Cement		I declare that I have know	ledge of the co	ontents of th	his report and
Туре	Size	Weight	Grade	Feet	PSI	Sax	Fillup	Тор	am authorized by my organ: prepared by me or under m	y supervision an	nd direction,	, with the data
Conductor	16"			40'		4 yds.	40'	Surf.	and facts stated herein to	o be true, corre	ect and comp!	lete to the
Surface	8 5/8"	24#	WC-50	917'	1500	465	917'	Surf.	best of my knowledge and i			
Intermediate	<u> </u>		<u> </u>					<u> </u>	Kam Willson	DR]	LG & PROD	. MANAGER
Production	41211	11.6#	N-80	9700 '	5000	410	900'	88001	Signature		Title	
Liner	<u>l</u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>		Suite 1200, One W.	3rd St., Ti	ulsa, OK	74103
18. PACKFRS SE	e T				17	TOTAL DE	PTH	9700'	Address	Cit		
, Depth_	9410'		Туре	Baker	'DB' R	etrieval	ble		February 13, 1992	918	8/587-1521 Phone	
			(Over)						DALC			

1-3

PLEASE TYPE OR USE BLACK INK ONLY

(RULE 3-205) FORMATION RECORD

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

•				
4	NAMES OF FORMATIONS	TOP	BOTTOM	
	HOXBAR	6510'	6730'	FOR COMMISSION USE ONLY
	OSWEGO	9060'	9240'	Mell Completion Report Checklist
	HART	9340'	9395'	approved Disapproved 1) ITD Section
	OSBORNE	9510'	9660'	a) No Intent to Drill on file (1) Send warning letter (2) Recommend for contempt 2) Authorized Surety
	TD	9700'		e) No Surety filed b) Expired Surety Financial Statement/Letter of Gredit/Boné
			ļ	3) Specing and Pooling
				6) Well Spudded prior to approval 5) Insufficient surface casing required set
		ļ !		6) No test data 7) Change of location
				8) Well location 'off pattern" Spacing Order Ho Size Unit/pattern
				Formation(s) 9) No record found
				10) Other
				(Please specify appropriate number from initial rejection letter or other problem found)
				11) Status
				00
	TOTAL DEPTH			0008
	Was an electrical survey run? X	<u> </u>	Date last lo	og was run 12/4/91 🕠
	Was CO, encountered? X	но If so, a	t what depth	(s)
	Was H ₂ S encountered? X	If so	, at what dep	oth(s)(N/S)(E/W)
7	Were unusual drilling circumstances	encountered	? Yes	No _X If yes, briefly explain
				ير يعيم يميز المدو الم حيراً والألا
				AVI MINT I TO CLOSE
				1.1161111
				FEU 21 1332
				OIL & GOO COMERVATION
	Other Remarks			OIF 20 22

14 7....

Form No 1002C

CEMENTING REPORT TO ACCOMPANY COMPLETION REPORT

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division GED: OC' —
API No O51-22260 Jim Thorpe Bldg / Oklahoma City, Ok 73105-4993
(Rule 3-206)

OTC/OCC Oper No 06452

All operators must include this form when submitting the Completion Report, (Form No 1002A) The signatures on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with Rule 3-206 It may be advisable to take a copy of this form to location when cementing work is performed

GEO: OC' 4993 ENC DE-DUCA OFC MGR ied with hen Locate Well and Outline

Lease

TYPED OR IN BLACK INK

*2 O C.C District *1. Field Name - Duncan *3 Operator Anderman/Smith Operating Grady *6. Well Number *5 Lease Name McConnell *7 Location Township Range Section E S W S NE & 3 8N 5W PRODUCTION LINER CONDUCTOR | SURFACE INTERMEDIATE CASING STRING CEMENT CASING DATA CASING CASING 8 Cementing Date 11-14-91 12/6/91 *9 (a) Size of Drill Bit (inches) 7 7/8" 2₺ (b) Estimated % wash or hole enlargement 20% 100% used in calculations *10. Size of Casing (inches O D.) **8** 5/8 41/2 *11 Top of Liner (if liner used) (ft) *12 Setting Depth of Casing (ft) from ground level Class "H" Pacesetter 13 Type of Cement (API Class) (a) in first (lead) or only Slurry Lite (b) In second Slurry Class H __ (c) In third Slurry 14 Sacks of cement used 410 sks 315 sks (a) In first (lead) or only Slurry (b) In second Slurry 150 sks (c) In third Slurry 15 Vol of Slurry pumped (Cu ft)(14 X 15) 627 ft3 579 ft3 (a) In first (lead) or only Slurry (b) In second Slurry 177 ft3 (c) In third Slurry 16. Calculated Annular Height of Cement 8700+/-Surface behind Pipe (ft) 41' 17 Cement left in pipe (ft) 441 *18 Amount of Surface Casing Required (from Form 1000) 864

(CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF)

*21 Was Cement Bond Log run? (If so, ATTACH COPY)

*19 Was cement circulated to Ground Surface? Yes No No Was Cement Staging Tool (DV Tool) Used? Yes No

*22 If answer to 20 is yes, at what depth?

26 Remarks *27 Remarks 315 sks Pacesetter Lite Premium + 6% Ge1 + 2% CaCl2 + ½#/sk Cello Seal 150 sks Class H + 2% CaC12 CEMENTING COMPANY *OPERATOR I declare under applicable Corporation Commission rule, I declare under applicable Corporation Commission rule, that I am authorized to make this certifithat I am authorized to make this certification, that the cementing of casing in this well as shown in the cation, that I have knowledge of the well data report was performed by me or under my supervision, and information presented in this report, and and that the cementing data and facts presented on both that data and facts presented on both sides of this form are true, correct and complete to the sides of this form are true, correct and complete to the best of my knowledge This certification covers best of my knowledge This certification covers cementing data only all well data and information presented herein. Cementer or Authorized Representative *Signature of Operator or Authorized Repres KEVIN WILLSON - DRLG & PROD. MANAGER <u> Chris Berns - Cement Service Supervisor</u> Name of person and Title (Type or Print) *Name of Person and Title (Type or Print) THE WESTERN COMPANY ANDERMAN/SMITH OPERATING CO. Cementing Company *Operator Suite 1200, One W. 3rd St. P O BOX 850570 Street Address or P O Box *Street Address or P O Box Tulsa OK 74103 YUKON OKLAHOMA 73085

INSTPUCTIONS

*City

Telephone

918

Area Code

- 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 for a producing well or a dry hole
 - b) An original and one copy of this form shall be filed as an attachment to the Completion Report, (form 1002-A) 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 (to be filed in duplicate).
- 2 Cementing Company and Operator shall comply with the applicable portions of O.C.C Rule 3-206

State

354-8861

- 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 Rule 3-206
- 4 IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW THE CORPORATION COMMISSION REGULATIONS
- 5. TYPED OR IN BLACK INK

405

Date

Area Code

11-14-91

City

Telephone



State

February 13, 1992

Date

Zip

587**-**1521

OIL' & GAS CONSERVATION.

OTC/OCC NUMBER 06452-0 API NUMBER 051-22260 APPROVAL DATE: 10/24/91

NOTICE OF INTENTION TO: DRILL

TYPE OF DRILLING OPERATION: STRAIGHT HOLE SEC: 3 TWP O8N RGE: 05W COUNTY: GRADY SPOT LOCATION. E2 W2 NE4

FEET FROM: SOUTH 1/4 SECTION LINE 1320 FEET FROM: WEST 1/4 SECTION LINE 990

FEET FROM THE NEAREST LEASE LINE 1320

LEASE NAME MCCONNELL WELL NO: 1-3

OPERATOR NAME: ANDERMAN/SMITH OPERATING CO.

SURFACE OWNER ADDRESS

GENE & VIRGINIA MCCONNELL

RT 1, BOX 242

STE 1200, ONE W. 3RD ST.

OK 74103

BLANCHARD OK 73010 TULSA OK 74103

OPERATION TO BEGIN: 00/00/00

FRESH WATER SUPPLY WELL DRILLED: NO SURFACE WATER USED TO DRILL YES FORMATION CODES, NAMES, DEPTHS, (PERMIT VALID FOR LISTED FORMATIONS ONLY)

406TRNT 406TNKW 405LYTN 405DEWY	TORONTO TONKAWA LAYTON DEWEY	/SAND/	6400 6900 7150 7450	0008
404DEESS 404GBSN	DEESE GIBSON		8000 9000	879
404HART 404OSBR	HART OSBORN	/GOLDEN TREND/ /SD/	9250 9400	

SPACING ORDER NUMBERS: 163211 163907

TOTAL DEPTH 9600

DEPTH TO BASE OF TREATABLE WATER-BEARING FM. 814 GROUND ELEVATION

SURFACE CASING: 864

PIT INFORMATION.

TYPE OF PIT SYSTEM. ON-SITE

TYPE OF MUD SYSTEM: WATER BASED

EXPECTED CHLORIDE CONTENT OF PIT. MAXIMUM 3500 PPM, AVERAGE 2500 PPM

DETERMINATION OF HYDROLOGICALLY SENSITIVE AREA NOT REQUIRED

CATEGORY OF PIT(S): 2

LINER NOT REQUIRED FOR CATEGORY 2 PIT(S)

APPROVED METHOD FOR DISPOSAL OF DRILLING FLUIDS.

EVAPORATION/DEWATER AND BACKFILLING OF RESERVE PIT

HAUL TO COMMERCIAL PIT FACILITY AT:

SEC 21 TWP 05N RGE 02W CTY MCCLAIN

NOT ON ALLUVIAL/TERRACE DEPOISTS UNLINED RESERVE PIT

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 OCC-OGR 3-204.

.se .e

15 Total Depth 26 Ground Elev 21 Depth to base of treatable 1/2 Surface Casing 1/2 22 Surface Casing 1/2 23 Surface Casing 1/2 24 25 Surface Casing 1/2 25 Surface Casing 1/2 26 Surface Casing 1/2 26 Surface Casing 1/2 26 Surface Casing 1/2 27 Surface 1/2 27 Surf	PLEASE TYPE OR USE BLACK INK	O DRILL, RECOMPLETE OR REE See Instructions on Back)	NTER				R	ORM 1 ev 1	990
COLITION COLOR PRINTED RECEIVER CARRIED CAMPAGE CANTELL RECORD CAMPAGE	06452 OKLAHOI 2 API NUMBEF	Gas Conservation Division Jim Thorpe Building	3	BATC					,
TORILL GRECOMETE CONSETTING CONFARM TYPE OF PRINCIPAL CONFARMONE PORTACION THOSE CONFIDENCE CONFARMONE SECTION THE PORTACION THOSE CONFIDENCE CONFARMONE SECTION THE PORTACION THOSE CONFARMONE SOURCE CONFARMONE THE PORTACION CONFARMONE ADDRESS SUITE 1200, One N. 37d St. 916/387-1521 CITY STATE TIPEODE THE SUIPEARCO CONFARMONE THE SUIPEARCO CO	radiadration.	(Rule 3-204)	,			R SPAC	ING UP		<u>_</u> _
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LEASE NAME MCCONNELL WELL NUMBER 1-3 990 330 1 3 3 3 3 3 3 3 3 3			2310 -	1			-	1 1	
*** NAME OF OPERATOR** ANDERMAN/SNITH OPERATING COMPANY ADDRASS** Suite 1200, One W. 3rd St. 91066 (Acryulustis) Suite 1200, One W. 3rd St. 9110685 Suite 1200, One W. 3rd St. 9110685 Suite 1200, One W. 3rd St. 9110685 Tuly Start Proble (Acryulustis) Tuly Start Report of Company (Acryulustis) Gene & Virginia McConnell Gene & Virginia McConnell Tronks Surface Owner (Invarious) ADDRASS** Route 1, BOX 242 Start Report of Company (Acryulustis) Tonks Start Star	7 Well will be 1320 feet from nearest lease, unit or pr	operty boundary	1650						
ANDERMAN/SMITH OPERATING COMPANY ADDRESS Sulte 1200, One W. 3rd St. 918/587-1521 TIES SULTE 1200, One W. 3rd St. 918/587-1521 TIES OK 74103 TIES ROUTE 1, BOX 242 STATE 1P CODE Blanchard ON 73010 TORROW ON 73010 TORRO	TENDE WINE	LL NUMBER 1-3	990						7
Sulte 1200, One W, 3rd St. 918/587-1521 CITY TUISES SURFACE OF WIRTH COMMENT TO STATE TIPEODE CENT & VITEDIA MCCORNET ROUGE 1, BOX 242 STATE TIPEODE CENT & VITEDIA MCCORNET ROUGE 1, BOX 242 STATE TIPEODE TO STATE TIPEODE STATE TIPEODE CENT & VITEDIA MCCORNET ROUGE 1, BOX 242 STATE TIPEODE TO STATE TO STATE TIPEODE TO STATE TO			330	7	/ /		\int		<i>,</i> .
THISS THISS TORMATION SURFACE OWNER [ones only, stach sheet for additional owners] OR 74103 19 NAME OF SURFACE OWNER [ones only, stach sheet for additional owners] Gene & Virgania McConnel 1 ADDRESS ROULE 1, BOX 242 STATE 1P CODE CITY Blanchard 0K 73010 11 TARGET FORMATION AND DEPTHS OF EACH (limited to ten) TORONTO - 6400' 406 TANT Deese - 8000' 404 TORAT Deese - 8000' 404 TORAT TORNAWA - 6900' 406 TANT Dewy - 7450' 405 Lewy Osborn - 9400' 404 OSBN 13 SPACING ORDER NUMBER(S) AND SIFE UNITS) 640 acre unit Layton - 7150' 405 Lewy Osborn - 9400' 404 OSBN 15 Fonding Application 6 D No 16 Fonding Application 6 D No 17 Fonding Application 6 D No 18 Fonding Application 6 D No 19 Comment will be circulated from total depth to the ground surface on the production casing string. A Cement will be circulated from total depth to the ground surface on the production casing string. A Cement will be circulated from total depth to the ground surface on the production casing string. A Type of Pit System Mon-site Doff-site Delosed H off-site, specify location B Type of Mud System Plater based Ogli based Ogs based (air grifted) 2.500 C Expected choridot content maximum for DOI 10 A Type of Pit System Mon-site Doff-site Delosed H off-site, specify location B Type of Mud System Plater based Ogli based Ogs based (air grifted) 2.500 C Expected Choridot content maximum for DOI 10 A Type of Pit System Mon-site Doff-site Delosed H off-site, specify location B Type of Mud System Plater based Ogli based Ogs based (air grifted) 2.500 25 Pit Information A type of Pit System Mon-site Doff-site Delosed H off-site, specify location B Type of Pit System Mon-site Doff-site Delosed H off-site, specify location B Type of Pit System Mon-site Doff-site Delosed Disposed System Disposed Disposed Disposed System Disposed Disp	ADDRESS PHO	ONE (AC/NUMBER)	٦,			<u> </u>	<u> </u>		2
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18. Fending Application C D No 17. Location Excaption Order No 18. Increase Density Order No 19. Total Depth 19. Ground Elev 20. Ground Elev 21. Depth to base of treatable 22. Surface Casing 23. Will alternative casing 24. Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 25. Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 26. Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 27. A Cement will be circulated from total depth to the ground surface on the production casing string. 28. Alternative Casing Procedures, check box and fill in blank (Affidavit Required.) 29. B Cement will be circulated from total depth to the ground surface on the production casing string. 20. Depth to depth to depth to depth to depth to depth by use of a two stage cementing tool. 29. B Type of Mud System Elveter based Oil based gas based gir drilled) ps. Oc. 20. C Expected chloride content maximum 4-700 ppm, average 1-500 20. Not on all luvial terrace deposits) New Section ppm, average 1-500 20. No. B Sategory of pit 1(2) 3 s C Liner Required pyss Bno 20. September of pit contents, School ppm, average 1-500 21. Reprose British production pit contents, ps. Section ppm, average 1-500 22. Reprose British production pseudomorphic ppm, average 1-500 23. A lis pit located in an hydrologically sensitive area? pyss Bno 24. Septoration of pit contents, pseudomorphic ppm, average 1-500 ppm, average 1-500 25. Pit linformation ppm, average 1-500 ppm, average 1-500 26. For CCC Use Only pm, average 1-500 ppm, average 1-500 ppm, average 1-500 27. Reprose pm, average 1-500 ppm, average 1-500 ppm, average 1-500 28. Province Cash pm, average 1-500 ppm, average 1-500 ppm, average 1-500 29. Reports pm, average 1-500 ppm, average 1-500 ppm, average 1-500 ppm, average 1-500 ppm, average 1-5	15 SPACING ORDER NUMBER(S) AND SIZE UNIT(S)	acre unit	Demo	. , ^	1,5)			TP.
28 Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 29 Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 20 Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 20 Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 21 Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 22 Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side) 23 Ecement will be circulated from total depth to the ground surface on the production casing string, depth to the ground surface casing feet for fill fill fill fill fill fill fill fil	16 Pending Application C D No 17. Location	Exception Order No 18. I			r No	<i></i>		#L	₽
A lie prior will be circulated from total depth to the ground surface on the production casing string. A Type of Pit System Mon-site Doff-site Dosed If off-site, specify location A Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify location B Type of Mud System Main-site Doff-site Dosed If off-site, specify site C Expected chloride content maximum 4700 ppm, average 1500 ppm D Is depth to top of ground water greater than 6 ft below based of ppm A. Is pit located in an hydrologically sensitive area? Dyes Mno (Not on alluvial/terrace deposits) A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive area? Dyes Mno A. Is pit located in an hydrologically sensitive maximum area of the belief Solidation of pit contents. A. Is pit located in an hydrologically sensitive maximum area of the belief Mno A. Is pit located in an hydrologically sensitive maximum area of the	16 Total Depth 120 Comund Flow 121 Depth to base of t	restable 7 / // 122 Surface Casing	0 /23 Will a	alternativ	e casino			MBE 13	GE W
A Type of Mud System XMon-site Golf-site Glosed Gas based	11	6251 -790 -022	CK prog	rem be u	sed?	YXX	/	*	
A Type of Mud System XMon-site Golf-site Glosed Gas based		n blank (Affidavit Required, see Reve	rse Side)			2	7		,
A Type of Mud System XMon-site Golf-site Glosed Gas based	MA US Cement will be circulated from total depth to B Cement will be circulated from d	o the ground surface on the production epth to depth by use of a t	n casing str wo stage ce	ring. menting	tool.	(<u>م</u>		
A Type of Mud System XMon-site Golf-site Glosed Gas based	25 Pit Information	к.				,			
C Expected chloride content maximum \$\frac{\toperation}{\toperation}\$ ppm, average \$\frac{\toperation}{\toperation}\$ ppm Is depth to top of ground water greater than 6 ft below base of plt? \$\frac{\toperation}{\toperation}\$ per OCC Use Only A. Is pit located in an invologically sensitive area? yes \toperation B. Category of pit 1/2) 3 c C. Liner Required yes \toperation PROPOSED METHOD FOR BISFOSAL OF DRILLING FLUIDS (must be completed) I. PROPOSED METHOD FOR BISFOSAL OF DRILLING FLUIDS (must be completed) Evaporation/dewater and backfilling of reserve pit, Solidification of pit contents, Annular injection (requires permit and surface casing set 200 ft. below base of Treatable Water-bearing fm), Noncommercial land application (requires permit), Haul to commercial soil farming facility, specify site False to commercial soil farming facility, specify site G. Other method, specify I hereby certify that I am authorized to submit this two page application which was 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) PHONE (AC/NUMBER) DATE SIGNATURE NAME (Print or Type) NAME (Print or Type) PHONE (AC/NUMBER) DATE 10/3/91 ROTICE 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,			MC	K			9		
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permit must be posted at the location during drilling and completion operations. File the Form 1001A, Spud Report,					ຄວາກ ຄ				
Within fourteen days of commencement of operations	permit must be posted at the location during within fourteen days of commencement of operat.	drilling and completion operat:	ons. File	the F	orm 1	001A, S	Spud 1	Report	÷,

		OCATION FOR DIRECTIONAL WF RGE	COUNTY	
	Spot location		eet from quarter secti	on lines
	-	/4 1/4 1/4 50	•	West line
	Measured	True	Bottom hole loc	ation from
	Total Depth	Vertical Depth	lease, unit or	property line
	30 BOTTOM HOLE L	OCATION FOR BORIZONTAL	HOLE (DRAIN HOLES)	
	SEC T		COUNTY	
	Spot location of e	nd point	eet from quarter secti	on lines
	1/4 1/-		outh line	est line
If more than two drainholes are proposed, attach separate sheet	Depth of	Radius of Turn		otal Zength
indicating the necessary information	Measured	True	End point locat	
	Total Depth	Vertical Depth	lease, unit or	property line
Direction must be stated in degree azimuth				
Please note, the horizontal	Ones James des of a	MP RGE nd point ?		on lines
drainhole and its end point must	1/4 1/4		outh line	est line
be located within the legal boundaries of the lease or spacing	Dopun Or	Radius of		Notal
unit Directional surveys are required for all drainholes and	Deviation Measured	Turn True	End point location	Length
directional wells	Total Depth	Vertical Depth	lease, unit or	
4 A cement bond log is re water-bearing formations			ess than 100 ft below	the base of the treat
		TO DRILL CHECKLIST	163907 6	HOA Torot, To., bs, Osb, At, Hort, Miss, 1
Appr	Rejected		M.55001.01,6	,65,05b,147,
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•		B Expired date C Outstanding Contempt Order	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, , , ,
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_7	110.	Spacing	-	0
	<i>52</i> = :	Geology		88
7	10/24	A Surface Casing 1 Insufficient amount, requ	ilresft	7
	7~1	2 Insufficient Alternative C 3 Ro Affidavit Submitted for	Casing Program (A) or Alternative Casing Program	ဖ
CHAIR #10°00			ft , only current (165') /more than 2500 ft (330')	•
CHECK \$100°00 #111 \$100°00		only ft from N/S C Spaced Specing Order No 1 Square pattern, 21 19,		
00°001\$ 0119%		2 Rectangular pattern, 5, 1 NW/SE or NE/SW		•
10:128H10/18/81 005##012 8		3 Rectangular slot pattern prior to 1971 (Y,N) SU/L		
		D Location Exception 1 Surface hole location diff		
-		2 Bottom hole location diffe E Pending Application Spacing	erent	
		C.D. No H C M Date	•	
		F. Operator Name different in or Name on Order		
		Location Exception/Increase L G Increase Density/Location Ex		
		Order expired date H Outline lease or property bou		

PCN: C1271580L3 RUN DATE/TIME: 05/10/2004 16:53:36 OIL AND GAS WELL RECORDS DEPARTMENT

OKLAHOMA CORPORATION COMMISSION

PAGE: AS OF DATE: 05/10/2004

TRANSFER OF OWNERSHIP UPDATE WELL INFORMATION

BATCH ID: 00316 SEQUENCE NUMBER: 0253

NEW OPERATOR NUMBER: 215170

TULSA OK 74136

TELEPHONE NUMBER: 9184887600 EFFECTIVE DATE: 05/07/04

OLD OPERATOR NUMBER: 064520 NEW OPERATOR NUMBER: 215170 OLD OPERATOR NUMBER: 064520 NAME: ST MARY LAND AND EXPLORATION C NAME: ST MARY OPERATING COMPANY ADDRESS: 7060 S YALE AVE STE 800 ADDRESS: 7060 S YALE AVE STE 800

TULSA OK TELEPHONE NUMBER: 9184887600 TULSA OK 74136

***** APT NUMBER: 051-22260 *****

OTC PROD UNIT: 000 00 00000 WELL CLASSIFICATION: GAS

LEGAL DESCRIPTION: 03 08N 05W E2 W2 NE4

COUNTY NAME: GRADY

WELL LEASE NAME: MCCONNELL

WELL NUMBER: 1-3

PRODUCTION FORMATION(S) AND CLASSIFICATION:

ark & 1 7008

MOME

MUST BE FILED BY OPERATOR OR **OKLAHOMA CORPORATION COMMISSION** NEW WELL Form 1534 WORKING INTEREST OWNER Oil & Gas Conservation Division Rev. 2002 X OPERATOR Post Office Box 52000 X EXISTING WELL Oklahoma City, Oklahoma 73152-2000 WORKING INTEREST OWNER APPLICATION FOR TAX REBATE CD No. APPLICANT Applicant Name Phone ST. MARY LAND & EXPLORATION COMPANY (C/O RESEARCH TAX CONSULTANTS, LTD.) 888-442-9897 Fax No. PLEASE SEND AN ORDER TO: RESEARCH TAX CONSULTANTS, LTD., PO BOX 1787 888-442-6721 Zip **GEORGETOWN TEXAS** 78627-1787 OCC/OTC No. ST. MARY LAND & EXPLORATION COMPANY 21517 1776 LINCOLN STREET., STE 700 303-863-4378 City Zip **DENVER** CO 80203 .ease Name/No OTC Prod Unit No. API No. MCCONNELL 1-3 051-095211 051-22260 Location (1/4 1/4 1/4) County Sec. Rge. W2 / NE ' 8N 5W/ GRADY ATTACH COPY OF ALL 1002As, FOR EVERY CATEGORY OF APPLICATION. The Conservation Division may require additional geologic and/or engineering data during the review process in order to approve any application INACTIVE WELL AS PER 165:10-21-36 Shut in due to mechanical failure? Shut in for 1 year (after 7-1-97) Shut in for 2 years Work Done to Restore Production (attach daily report) Total Time Shut-In From (MM/DD/YR): Production Re-established (MM/DD/YR): Submit copies of documentation to verify that the well has not been produced for two years (one year after 7-1-97), i.e., 1003A, production history, OTC or commercial. (15000' BEFORE 7-1-97, 12500' AFTER 7-1-97 OR 17500' AFTER 7-1-02) MUST BE NEW WELL II. DEEP WELL AS PER 165:10-21-45 Total Depth 1st Sales Date Spud Date Submit directional survey if directional or horizontal hole III. PRODUCTION ENHANCEMENT PROJECT AS PER 165:10-21-22 Recompletion Add Compression Proj Start Date (MM/DD/YR) Proj Comp Date (MM/DD/YR) 1st Sale Date (MM/DD/YR) Orig. 1st Prod Date (MM/DD/YR) \mathbf{X}^{-} 07/06/94 07/23/94 03/92 07/22/94 Workover In Brief Indicate Type of Work (See Rules) Base Prod Amt SET RETRIEVABLE PLUG, BROKE DOWN BERRY ZONE 9368-9384 OIL 78 BBL. GAS SEE ATTACH Submit daily working report of entire project, copy of electric log (only heading and zone worked on), list of monthly production volumes for the 12 months prior to the start of the project at the back of this form, and decline curve showing incremental production following the well work. IV. HORIZONTALLY DRILLED WELL AS PER 165:10-21-66 07-01-95 through 07-01-2003 Effective Date After 7-1-02 1st Prod Date (MM/DD/YR) Base Prod Amt (Reentry Only) After 07-01-90 or before 07-01-94 Project Beginning Date Measured Depth at 70 ° Measured Depth at Terminus MM/DD/YR FΤ Submit copy of form 1000 and directional survey. NEW DISCOVERY AS PER 165:10-21-55 See Rules for Complete Category Description Formation Depth (Top and Bottom) 1st Sale Date (MM/DD/YR) Oil Production (1mile) same formation Oil Production (1 mile) deeper formation Gas Production (2 miles) same formation Gas Production (2 miles) deeper formation Provide a location plat locating and identifying the subject well and all wells within 1 mile for oil production or 2 miles for gas production. Draw the proper radius circle on each plat from the subject well, by symbol or color identify all producing formations. OKLAHOMA VI. 3D SEISMIC AREA Well must be drilled after 7-1-2000 िपास्त्रमाथलाय CP Shoot Proor to Many 1909 3D Shoot ARS 10 10 (28 Mo) Spud Date (MM/DD/YR) First Sale Date (MM/DD/YR) Submit a map of 3D source/receiver base map, 3D bin map, a map of 3D volume cube seismic technology area by legal location and a copy of Seismic Permit approval. Affidavit Statement: I declare that I have knowledge of the contents of the application, when was arenated 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 a Phone No. Milling Winder 888-442-9897 Name & Title (Typed or Printed) E-mail Address MARINA LINDSEY, AGENT FOR ST. MARY LAND & EXPLORATION COMPAN mlindsev@research-consultants.com

Approved

Instruction:

pink cell

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¹⁾ Type production data in Pink column 2) Obtain the exponent in the equation and type in

ST MARY LAND & EXPL MCCONNELL 1-3 051-095211

(U	l	L

1993 JUL	0 /
1993 AUG	183 🖊
1993 SEP	0 /
1993 OCT	187 /
1993 NOV	0 /
1993 DEC	187
1994 JAN	190
1994 FEB	0′
1994 MAR	0
1994 APR	192 🗸
1994 MAY	0/
1994 JUN	0

Average= 78

Anderman/Smith

MCCONNELL #1-3
N. W. Blanchard Prospect
1320' FNL & 1650' FEL
Section 03-08N-05W
Grady County, OK
Spud Date: 11-13-91

07-06-94:

DSC 1. TD 9652'. PBTD 9422'. CURRENT ACTIVITY: ND tree. 6 hrs RU Cudd WL. RIH w/FWG plug, set @ 9422' in Otis 'F' Nipple. Bled pressure down from 750-0 psi. Dump 1 sx sand, loaded tbg w/32 bbls 2% KCL. MIRU Morgan Well Service. SDFN. DC \$2668; CC \$2668.

07-07-94:

DSC 2. TD 9652'. PBTD 9422'. CURRENT ACTIVITY: SICP 50 psi. PU Baker Pkr Retrieving Tool. 2 1/2 hrs ND tree. Release seal assembly. NU BOP's. 2 1/2 hrs TOH w/298 jts tbg. 2 hrs RU American Casedhole. RIH & Dump bail one sk of sand on pkr. 2 hrs RIH & perf 9368'-9384' (16') w/3 1/8" csg gun 4 JSPF @ 90 deg phasing. 1 hr Found FWG plug in seal assembly - no plug in packer. DC \$5,883; CC \$8,551.

07-08-94:

DSC 3. PBTD 9422'. CURRENT ACTIVITY: SICP 100 psi, SITP 50 psi. Finish TIH. 3 hrs PU Baker Retrieving tool & Weatherford Sand pump, TIH. 1 1/2 hrs Bail sand from 9405'-9410', latched onto packer, could not pull packer free. 2 1/2 hrs Released from packer & TOH, LD tools. 2 hrs RU Cudd WL. RIH & set 1.780 FSG plug & 'F' Profile Nipple @ 9422'. RD Cudd WL. 3 hrs PU Baker Model 'R' Retrievable Packer, TIH to 9223'. SDFN. DC \$4192; CC \$12,843.

Received an entire report to 4-24-94.

A. Please type or print using black ink. B. Form must be signed by former operator and new operator.	OKLAHOMA CORPOR Oil & Gas Conse Post Office	ervation Division		802260635			
C. Outline boundaries of lease and spot well being transferred. D. Attach 1002A for well. E. Questions should be directed to Well Records (405) 521-2275.	Transfer o	OK 73152-2000 f Operator 5:10-1-15	2310'			·	
API No. OTC Prod. U. Location Sec. 1/4 1/4 1/4 NE 1/4	Unit No. 051-09521 Twp. 3 8N		990'		3	,	
Ft FSL of Qtr Sec Ft FWL of Qtr Sec 1320' 9 Current Well Name/No.	County 90'	Grady	2310'				
McConnell 1-3 Original Well Name/No. McConnell 1-3 Unit Name (if applicable)			990'		:		
Well Class: Oil X Gas Dry Plugged			550	Locate Well	On Grid Above		
Original Well Name/No. Unit Name (if applicable) McConnell 1-3							
The effective date of transfer of this well for the purposes of Comm	ission records, is the date th	e transfer is approved by the (Commission.				
Name St. Mary Land & Exploration Company Address 7060 S Yale Ave., Suite 800 City Tulsa OK Phone No. 918.488.7600 I verify that I am the legal operator of record with authority to transfer well. Signature	Zip 74136 0034 operatorship of this 2008 Chouse locate the current operator of	Name Abraxas Petroleu Address 500 N Loop 10 City San Antonio Phone No. 210.490.47 Being the new operator, as of presented as being true and con the described property. Signature Don And Name & Title (Typed or Print Signed and Supplies of Print Sig	the effective date or ect and accept erson Srated) A. CHARLESWO	E 100 State TX FAX No. 210.49 e and time of transfer the operational response. Prod. En	0.8837 accept the facts assibility for the w	232-1239	
— — — — — — — — — — — — — — — — — — —	B 29 2008	Notary Public Well Records Dept.) Approved	Rejected Date		9 <u>2008</u>	
NOTE: By processing this Form 1073, the Oklahoma Corporation C warrant that the facts provided by the operator are true. For	Commission has approved the	contents thereof as to form only	Oklahoma Corp	poration Commission	APPR	ECORDS OVED	

Instructions			ОК	LAHOMA	CORP	ORATION	COMMIS	SION	2/DX	113					n 1073
A. Please type or print t				Oil 8		onservatio		1	3/80	/ ' ~				Rev	. 2009
B. Form must be signed				<u></u>		ffice Box 52			/ [/] r			5280 ft		1 - 1	
C. Outline boundaries of D. Attach 1002A for we	•	ot well being tr	ansterred.	Oki	anoma	City, OK 7	3152-200	10	2310'						
E. Direct questions to V		05) 521-2275.		Tı	ransfer	of Operato	or		_						
					OAC	165:10-1-	15		1650'						
API No 05	51-22260	OTC Unit	Prod.		051	-095211			990,						
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Ft FSL of 13 Qtr Sec	370	FWL of r Sec	990'	Cou	unty	G	Grady		2310'						
Current Well Name/Number			McConnell	1-3		_			1650'						
Original Well Name/Number			McConnell	1-3					990,			•			
Unit Name									-				-		
(if applicable)									330'						
Well Class: OI	IL XGAS	DRY									Locate	Well On G	rid Above		
Producing formation(s)						Osborn	Sand								
	The effe	ctive date o	f transfer o	f this v	well, l	or the	purpos	ses of	Commi	ssion r	ecords				
		is the da	ate that the		er is a	approve	ed by t	the Co	mmissi	on.			000		
CURRENT OPERA	TOP		OCC N	lo. 224-0		NEW (ADED!	ATOD		-			OCC I		
Name				224-0	_	Name							216	0/4	
	Abraxas Pe	etroleum Cor	poration					rter	Oak Pi	roduct	ion C	0., I	I.C		
Address	1880	3 Meisner D)rive			Addres		29 Qu	ail Po	inte	Drive				
City San An	tonio	State TX	Zip 78	3258		City			City	Sta		Zip	73134	ļ	
Phone (210) 49	90-4788	FAX No./E-r		,		Phone					X No./E	E-mail			
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