

10A OTC/OC Oper No
06452
1 API Number
051-22260
2 OTC Prod Unit No

This form is an Original ☒ Amended ☐

Why?

022422

Form 1002-A
Rev (1985)

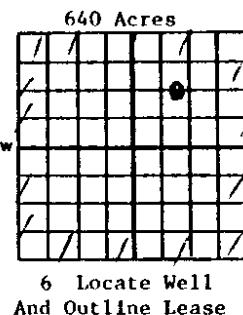
To be filed within 30 days after drilling is completed
OKLAHOMA CORPORATION COMMISSION

OIL AND GAS CONSERVATION DIVISION

Jim Thorpe Building / Oklahoma City, Oklahoma 73105-4993

PLEASE TYPE OR USE BLACK INK ONLY

3 County Grady Sect 3 Twp 8N Range 5W
4 Lease Name McCONNELL 5 Well No 1-3
7 Well Located E 1/2 W 1/2 NE 1/4
8 1320 Ft From S.L. of 1/4 Sect and 990 Ft From W L of 1/4 Sect
9 Elevation Derrick Floor 1325' Ground 1311'
10. COMPANY OPERATING ANDERMAN/SMITH OPERATING CO
Address Suite 1200, One West Third St.
City Tulsa State OK Zip 74103
11. Drilling Started 11/13, 19 91 Drilling Finished 12/7, 19 91
12. Well Completed 12/25, 19 91 Date-First Prod. NA, 19 91



13 TYPE COMPLETION

Single Zone X
Multiple Zone _____ Order No. _____
Commingled _____ Order No. _____
LOCATION EXCEPTION _____ Order No. _____ Penalty 14 NONE
INCREASED DENSITY _____ Order No. _____

15 OIL OR GAS ZONES

Name	From	To	Name	From	To
OSBORNE	9510'	9660'			

16. CASING & CEMENT

Surf & Prod Casing Set					Csg Test	Cement		
Type	Size	Weight	Grade	Feet	PSI	Sax	Fillup	Top
Conductor	16"	--	--	40'	--	4 yds.	40'	Surf.
Surface	8 5/8"	24#	WC-50	917'	1500	465	917'	Surf.
Intermediate								
Production	4 1/2"	11.6#	N-80	9700'	5000	410	900'	8800'
Liner								

18. PACKERS SET

Depth 9410' Type Baker 'DB' Retrievable

17 TOTAL DEPTH 9700'

(Over)

19 COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	1	2	3
SPACING & SPACING ORDRR NUMBER	163211 163907		
CLASSIFICATION (Oil, Gas, Dry, Inj Well)	Gas		
PERFORATED INTERVALS	9523'-48'		
ACID/VOLUME	4000 gals.	MRS-1	
FRACTURE TREATED?	142,000 lbs - Proppant		
Fluids Amounts	795 bbls.		
INITIAL TEST DATA			
Date	12/25/91		
Oil-bbl/day	5		
Oil-Gravity (*API)	49.5		
Gas-MCF/day	1,450		
Gas-Oil Ratio Cu Ft/bbl	290,000		
Water-bbl/day	24 BLW		
Pumping or Flowing	Flowing		
Initial Shut-In Pressure	2850 psi		
CHOKE SIZE	10/64"		
FLOW TUBING PRESSURE	2500' psi.		

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

Kevin Willson
Signature

DRLG & PROD. MANAGER
Title

Suite 1200, One W. 3rd St., Tulsa, OK 74103

Address City State Zip

February 13, 1992

918/587-1521

Date

Phone

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

24

NAMES OF FORMATIONS	TOP	BOTTOM	FOR COMMISSION USE ONLY
HOXBAR	6510'	6730'	<p>Well Completion Report Checklist</p> <p>APPROVED <u>TD</u> DISAPPROVED _____</p> <p>1) ITD Section a) No Intent to Drill on file (1) Send warning letter <input type="checkbox"/> (2) Recommend for contempt <input type="checkbox"/></p> <p>2) Authorized Surety a) No Surety filed _____ b) Expired Surety _____</p> <p>Financial Statement/Letter of Credit/Bond _____</p> <p>3) Spacing and Pooling _____</p> <p>4) Well Spudded prior to approval _____</p> <p>5) Insufficient surface casing required _____ set</p> <p>6) No test data _____</p> <p>7) Change of location _____</p> <p>8) Well location "off pattern" Spacing Order No _____ Size Unit/pattern _____ Formation(s) _____</p> <p>9) No record found _____</p> <p>10) Other _____</p> <p>(Please specify appropriate number from initial rejection letter or other problem found)</p> <p>11) Status _____</p>
OSWEGO	9060'	9240'	
HART	9340'	9395'	
OSBORNE	9510'	9660'	
TD	9700'		
TOTAL DEPTH			

Was an electrical survey run? X YES NO Date last log was run 12/4/91

Was CO₂ encountered? X YES NO If so, at what depth(s) _____

Was H₂S encountered? X YES NO If so, at what depth(s) _____

25 Direct Survey: True Vertical Depth. _____ 26. Horizontal Projections _____ (N/S) _____ (E/W)

27 Were unusual drilling circumstances encountered? Yes _____ No X If yes, briefly explain: _____

Other Remarks _____

OKLAHOMA
COMMISSION
FEB 21 1992
OIL & GAS CONSERVATION

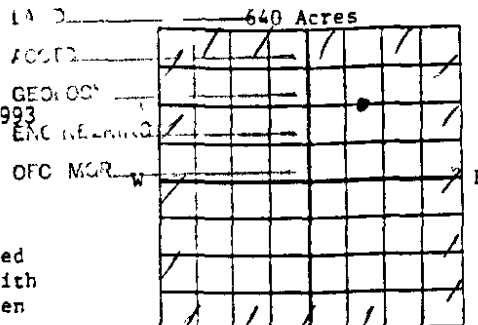
NOV 18 1991

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORT
OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Bldg / Oklahoma City, Ok 73105-4993
(Rule 3-206)

API No 051-22260

Jim Thorpe Bldg / Oklahoma City, Ok 73105-4993

OTC/OCC Oper No 010452



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

TYPED OR IN BLACK INK

Locate Well and Outline
Lease

*1. Field Name <u>N W. Blanchard</u>		*2 O.C.C. District <u>3 - Duncan</u>	
*3 Operator <u>Anderman/Smith Operating</u>		*4 County <u>Grady</u>	
*5 Lease Name <u>McConnell</u>		*6. Well Number <u>1-3</u>	
*7 Location <u>1/2 E 1/2 W 1/2 NE 1/4</u>	Section <u>3</u>	Township <u>8N</u>	Range <u>5W</u>
CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	INTERMEDIATE CASING
8 Cementing Date		<u>11-14-91</u>	
*9 (a) Size of Drill Bit (inches)		<u>12 1/2</u>	
(b) Estimated % wash or hole enlargement used in calculations		<u>100%</u>	
*10. Size of Casing (inches O.D.)		<u>8 5/8</u>	
*11 Top of Liner (if liner used) (ft)		<u>-</u>	
*12 Setting Depth of Casing (ft) from ground level		<u>917'</u>	
13 Type of Cement (API Class)		<u>Pacesetter Lite</u>	
(a) in first (lead) or only Slurry			<u>Class "H"</u>
(b) In second Slurry		<u>Class H</u>	
(c) In third Slurry		<u>-</u>	
14 Sacks of cement used			
(a) In first (lead) or only Slurry		<u>315 sks</u>	<u>410 sks</u>
(b) In second Slurry		<u>150 sks</u>	<u>--</u>
(c) In third Slurry		<u>-</u>	<u>--</u>
15 Vol of Slurry pumped (Cu ft)(14 X 15)			
(a) In first (lead) or only Slurry		<u>579 ft3</u>	<u>627 ft3</u>
(b) In second Slurry		<u>177 ft3</u>	<u>--</u>
(c) In third Slurry		<u>-</u>	<u>--</u>
16. Calculated Annular Height of Cement behind Pipe (ft)		<u>Surface</u>	<u>8700+/-</u>
17 Cement left in pipe (ft)		<u>44'</u>	<u>41'</u>
*18 Amount of Surface Casing Required (from Form 1000) <u>864</u> ft			
*19 Was cement circulated to Ground Surface? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		*20 Was Cement Staging Tool (DV Tool) Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
*21 Was Cement Bond Log run? (If so, ATTACH COPY) <u>No</u>		*22 If answer to 20 is yes, at what depth? <u> </u> ft	

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

-OVER-

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

<p>26 Remarks</p> <p>315 sks Pacesetter Lite Premium + 6% Gel + 2% CaCl₂ + 1/2#/sk Cello Seal</p> <p>150 sks Class H + 2% CaCl₂</p>	<p>*27 Remarks</p>																								
<p style="text-align: center;"><u>CEMENTING COMPANY</u></p> <p>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.</p> <p><u>Chris Berns</u> Signature of Cementer or Authorized Representative</p> <p><u>Chris Berns - Cement Service Supervisor</u> Name of person and Title (Type or Print)</p> <p><u>THE WESTERN COMPANY</u> Cementing Company</p> <p><u>P O BOX 850570</u> Street Address or P O Box</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>YUKON</u></td> <td style="width: 33%;"><u>OKLAHOMA</u></td> <td style="width: 33%;"><u>73085</u></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Telephone <u>405</u></td> <td style="width: 33%;"><u>354-8861</u></td> <td style="width: 33%;"></td> </tr> <tr> <td>Area Code</td> <td></td> <td></td> </tr> </table> <p><u>11-14-91</u> Date</p>	<u>YUKON</u>	<u>OKLAHOMA</u>	<u>73085</u>	City	State	Zip	Telephone <u>405</u>	<u>354-8861</u>		Area Code			<p style="text-align: center;"><u>*OPERATOR</u></p> <p>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.</p> <p><u>Kevin Willson</u> *Signature of Operator or Authorized Repres</p> <p><u>KEVIN WILLSON - DRLG & PROD. MANAGER</u> *Name of Person and Title (Type or Print)</p> <p><u>ANDERMAN/SMITH OPERATING CO.</u> *Operator</p> <p><u>Suite 1200, One W. 3rd St.</u> *Street Address or P O Box</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>Tulsa</u></td> <td style="width: 33%;"><u>OK</u></td> <td style="width: 33%;"><u>74103</u></td> </tr> <tr> <td>*City</td> <td>State</td> <td>Zip</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Telephone <u>918</u></td> <td style="width: 33%;"><u>587-1521</u></td> <td style="width: 33%;"></td> </tr> <tr> <td>Area Code</td> <td></td> <td></td> </tr> </table> <p><u>February 13, 1992</u> Date</p>	<u>Tulsa</u>	<u>OK</u>	<u>74103</u>	*City	State	Zip	Telephone <u>918</u>	<u>587-1521</u>		Area Code		
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- 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 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
- 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

OKLAHOMA CORPORATION
 COMMISSION
 FEB 21 1992
 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 08N 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
 BLANCHARD OK 73010

OPERATOR RETURN ADDRESS
 ANDERMAN/SMITH OPERATING CO.
 STE 1200, ONE W. 3RD ST.
 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	TORONTO	6400
406TNKW	TONKAWA /SAND/	6900
405LYTN	LAYTON	7150
405DEWY	DEWEY	7450
404DEESS	DEESE	8000
404GBSN	GIBSON	9000
404HART	HART /GOLDEN TREND/	9250
404OSBR	OSBORN /SD/	9400

000879

SPACING ORDER NUMBERS: 163211 163907
 TOTAL DEPTH 9600
 GROUND ELEVATION DEPTH TO BASE OF TREATABLE WATER-BEARING FM. 814
 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-OCR 3-204.

000879

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

APPLICATION TO DRILL, RECOMPLETE OR REENTER
(See Instructions on Back)

FORM 1000
Rev 1992

1 OTC/OCC OPERATOR NUMBER
06452

2 API NUMBER
05122260

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Building
Oklahoma City, Oklahoma 73105-4993
(Rule 3-204)

BATCH NUMBER (OCC USE ONLY)
10181008

3 NOTICE OF INTENTION TO
☒ DRILL ☐ RECOMPLETE ☐ REENTER ☐ AMEND Reason Amended _____

4 TYPE OF DRILLING OPERATION
☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
Note If, directional or horizontal see reverse side for bottom hole loc

5 WELL LOCATION

Section	Township	Range	County
3	8N	5W	Grady

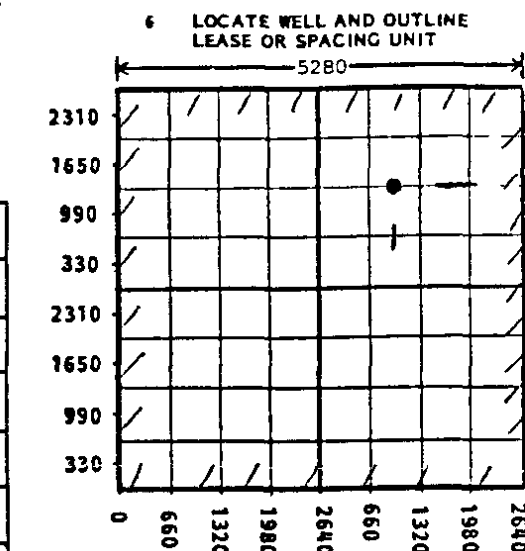
Spot Location Feet from quarter section lines
1/4 E/2 1/4 W/2 1/4 NE 1/4 South line 1320' West line 990'

7 Well will be 1320 feet from nearest lease, unit or property boundary

8 LEASE NAME McCONNELL WELL NUMBER 1-3

9 NAME OF OPERATOR
ANDERMAN/SMITH OPERATING COMPANY
ADDRESS PHONE (AC/NUMBER)
Suite 1200, One W. 3rd St. 918/587-1521
CITY STATE ZIP CODE
Tulsa OK 74103

10 NAME OF SURFACE OWNER (one only, attach sheet for additional owners)
Gene & Virginia McConnell
ADDRESS
Route 1, BOX 242
CITY STATE ZIP CODE
Blanchard OK 73010



11 Is well located on lands under federal jurisdiction? ☐ Y ☒ N
12 Will a water well be drilled? ☐ Y ☒ N
Will surface water be used? ☒ Y ☐ N
13 DATE OPERATION TO BEGIN
Upon Approval

14 TARGET FORMATIONS AND DEPTHS OF EACH (limited to ten)

Toronto - 6400' 406 TRNT	Deese - 8000' 404 DEES
Tonkawa - 6900' 406 TNKW	Gibson - 9000' 404 GBSN
Layton - 7150' 405 LYTN	Hart - 9250' 404 HART
Dewey - 7450' 405 DEWY	Osborn - 9400' 404 OSBR

15 SPACING ORDER NUMBER(S) AND SIZE UNIT(S)
163211 - Corrected by 163907 (640 acre unit) (Layton, Dewey N.S.)

16 Pending Application C D No 17. Location Exception Order No 18. Increase Density Order No

19 Total Depth 9600' 20 Ground Elev 21 Depth to base of treatable water-bearing fm 814 MCK 625' 22 Surface Casing 864' 23 Will alternative casing program be used? ☐ Y ☒ N

24 Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side)
NA ☐ A Cement will be circulated from total depth to the 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
A Type of Pit System ☒ On-site ☐ Off-site ☐ closed If off-site, specify location _____
B Type of Mud System ☒ Water based ☐ Oil based ☐ Gas based (air drilled) 2500 MCK
C Expected chloride content maximum 4500 ppm, average 1500 ppm
D Is depth to top of ground water greater than 6 ft. below base of pit? ☒ Yes ☐ No

(Not on alluvial/terrace deposits) MCK
26 For OCC Use Only
A. Is pit located in an hydrologically sensitive area? ☐ Yes ☒ No
B. Category of pit 1 2 3 4 C. Liner Required ☐ Yes ☒ No
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 ft. below base of Treatable Water-bearing fm),
☐ D Noncommercial land application (requires permit),
☒ E Haul to commercial pit facility, specify site Kelly's Disposal
☐ F Haul 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 Kevin Willson NAME (Print or Type) Kevin Willson PHONE (AC/NUMBER) 918/587-1521 DATE 10/3/91

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

Locate bottom hole location(s)

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

Direction must be stated in degree 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

29. BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY
Spot location		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Measured		True Bottom hole location from	
Total Depth		Vertical Depth lease, unit or property line	

30. BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE (DRAIN HOLES)

SEC	TWP	RGE	COUNTY
Spot location of end point		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Depth of		Radius of Direction Total	
Deviation		Turn Length	
Measured		True End point location from	
Total Depth		Vertical Depth lease, unit or property line	

Drain hole #2

SEC	TWP	RGE	COUNTY
Spot location of end point		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Depth of		Radius of Direction Total	
Deviation		Turn Length	
Measured		True End point location from	
Total Depth		Vertical Depth lease, unit or property line	

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

- This well will not penetrate any known lost circulation zone.
- During the drilling of this well, withdrawals from any water well within 1/4 mile of this well will not exceed 50 gallons per minute.
- List the following for each water well within 1/4 mile of this well (the information concerning each water well may be obtained through the Oklahoma Water Resources Board, P.O. Box 53585, Oklahoma City, OK 73152). If no water wells are found, please state

Name of owner/operator Address of owner/operator Location (nearest 1/4 1/4 1/4) Deepest producing interval

4 A cement bond log is required to be run and submitted from not less than 100 ft below the base of the treatable water-bearing formations to the ground surface.

INTENT TO DRILL CHECKLIST (For OCC Use Only)

Approved [Signature] Rejected

[Signature]

[Signature]
10/24

- Surety
 - None filed
 - Expired date
 - Outstanding Contempt Order

2 Intents

3 Spacing

4 Geology

- Surface Casing
 - Insufficient amount, requires ft
 - Insufficient Alternative Casing Program
 - No Affidavit Submitted for Alternative Casing Program
 - Reentry, requires ft, only current
- Unspaced less than 2500 ft (165')/more than 2500 ft (330') only ft from N/S and from E/W line
- Spaced Spacing Order No
 - Square pattern, 2 1/2 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) SU/LD
- Location Exception
 - Surface hole location different
 - Bottom hole location different
- Pending Application Spacing/Location Exception C.D. No H O M Date
- Operator Name different in order No Name on Order Location Exception/Increase Density/Pooling
- Increase Density/Location Exception Order expired date
- Outline lease or property boundary lines

163907 640A Toront, Tnk,
Missouan, G. b. s. Osb, AT, Hahn,
Nol, Brom, Hort, Miss, 1 Dees,
2 Dees

000879

00*0\$ 9NHC
00*100\$ KJCK
00*100\$ KJL
00*100\$ 6L19

10:13AM 10/18/16 0024#200 4 0001

PCN: C1271580L3
RUN DATE/TIME: 05/10/2004 16:53:36

OKLAHOMA CORPORATION COMMISSION
OIL AND GAS WELL RECORDS DEPARTMENT

PAGE: 14
AS OF DATE: 05/10/2004

TRANSFER OF OWNERSHIP UPDATE WELL INFORMATION

BATCH ID: 00316
SEQUENCE NUMBER: 0253

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

TULSA OK 74136
TELEPHONE NUMBER: 9184887600
EFFECTIVE DATE: 05/07/04

OLD OPERATOR NUMBER: 064520
NAME: ST MARY OPERATING COMPANY
ADDRESS: 7060 S YALE AVE STE 800

TULSA OK 74136
TELEPHONE NUMBER: 9184887600

***** API 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:

APR 01 2004

WDMS

MUST BE FILED BY OPERATOR OR
WORKING INTEREST OWNER

☒ OPERATOR

☐ WORKING INTEREST OWNER

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

☐ NEW WELL

☒ EXISTING WELL

Form 1534

Rev. 2002

APPLICATION FOR TAX REBATE

CD No. _____

APPLICANT

Applicant Name ST. MARY LAND & EXPLORATION COMPANY (C/O RESEARCH TAX CONSULTANTS, LTD.)		Phone 888-442-9897
Address PLEASE SEND AN ORDER TO: RESEARCH TAX CONSULTANTS, LTD., PO BOX 1787		Fax No. 888-442-6721
City GEORGETOWN	State TEXAS	Zip 78627-1787
Operator Name ST. MARY LAND & EXPLORATION COMPANY		OCC/OTC No. 21517
Address 1776 LINCOLN STREET., STE 700		Phone 303-863-4378
City DENVER	State CO	Zip 80203
Lease Name/No. MCCONNELL 1-3		OTC Prod Unit No. 051-095211
		API No. 051-22260
Location (1/4 1/4 1/4) E2 W2 NE 3	Sec. 3	Twp. 8N
		Rge. 5W
		County 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.

I. INACTIVE WELL AS PER 165:10-21-36

Shut in due to mechanical failure? <input type="checkbox"/>	Shut in for 1 year (after 7-1-97) <input type="checkbox"/>	Shut in for 2 years <input type="checkbox"/>
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.		

II. DEEP WELL AS PER 165:10-21-45 (15000' BEFORE 7-1-97, 12500' AFTER 7-1-97 OR 17500' AFTER 7-1-02) MUST BE NEW WELL

Total Depth	Spud Date	1st Sales Date
Submit directional survey if directional or horizontal hole.		

III. PRODUCTION ENHANCEMENT PROJECT AS PER 165:10-21-22

Recompletion <input checked="" type="checkbox"/>	Add Compression <input type="checkbox"/>	Proj Start Date (MM/DD/YR) 07/06/94	Proj Comp Date (MM/DD/YR) 07/22/94	1st Sale Date (MM/DD/YR) 07/23/94	Orig. 1st Prod Date (MM/DD/YR) 03/92
Workover <input type="checkbox"/>					
In Brief Indicate Type of Work (See Rules) SET RETRIEVABLE PLUG, BROKE DOWN BERRY ZONE 9368-9384					
Base Prod Amt 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

Effective Date <input type="checkbox"/> 07-01-95 through 07-01-2003 <input type="checkbox"/> After 07-01-90 or before 07-01-94	<input type="checkbox"/> After 7-1-02	1st Prod Date (MM/DD/YR)	Base Prod Amt (Reentry Only)
Project Beginning Date MM/DD/YR	Measured Depth at 70° FT	Measured Depth at Terminus FT	
Submit copy of form 1000 and directional survey.			

V. 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)	Base Prod Amt (Reentry Only)
<input type="checkbox"/> Oil Production (1 mile) same formation		<input type="checkbox"/> Oil Production (1 mile) deeper formation	
<input type="checkbox"/> Gas Production (2 miles) same formation		<input type="checkbox"/> 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.			

VI. 3D SEISMIC AREA Well must be drilled after 7-1-2000

Spud Date (MM/DD/YR)	First Sale Date (MM/DD/YR)	3D Shot Acquisition (28 Mo)
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, 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 <i>Marina Lindsey</i>	Date 05/15/2007	Phone No. 888-442-9897
Name & Title (Typed or Printed) MARINA LINDSEY, AGENT FOR ST. MARY LAND & EXPLORATION COMPANY	Approved	E-mail Address mlindsey@research-consultants.com

OCC USE ONLY

Reviewed by <i>[Signature]</i>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
-----------------------------------	--

Instruction:

1) Type production data in Pink column

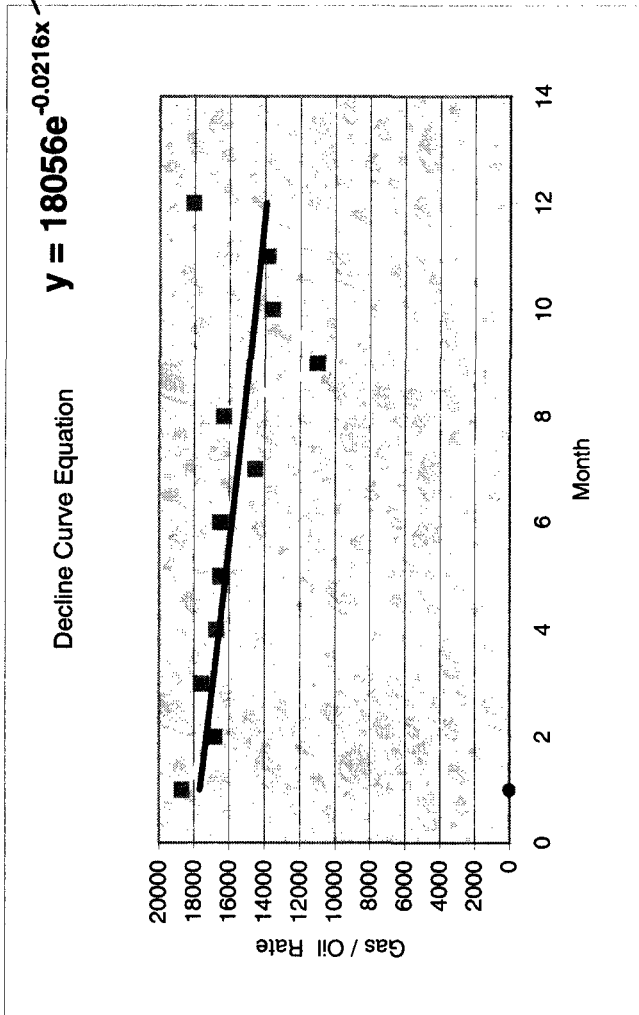
2) Obtain the exponent in the equation and type in pink cell

Well MCCONNELL 1-3

Month	GAS
1	18682 ✓
2	16812 ✓
3	17581 ✓
4	16716 ✓
5	16491 ✓
6	16520 ✓ 15848
7	14539 ✓ 15509
8	16322 ✓ 15178
9	11017 ✓ 14853
10	13589 ✓ 14536
11	13835 ✓ 14225
12	18069 ✓ 13921

Dec. Rate
Average 0.0216 /
Base 15848
13921

28 Months →
13921 13624
10513 10289
7939 7770



12496 12229 11968 11712 11462 11217 10977 10743
9437 9235 9038 8845 8656 8471 8290 8113

5-21-07 dv

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

OIL

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**

5-21-07XV

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

Anderman/Smith

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 7-24-94.

5-21-07 AU

Instructions

- A. Please type or print using black ink.
- B. Form must be signed by former operator and new operator.
- 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.

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, OK 73152-2000

802260635

Form 1073
Rev. 2001

Transfer of Operator

OAC 165:10-1-15

API No. 051-22260-1 ~~051-2226~~ OTC Prod. Unit No. 051-095211

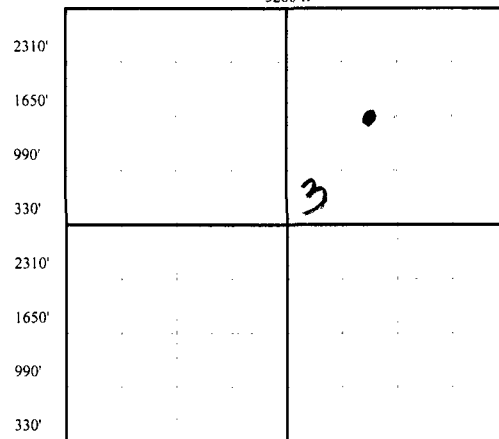
Location 1/4 1/4 1/4 NE 1/4 Sec. 3 Twp. 8N Rge. 5W

Ft FSL of Qtr Sec 1320' Ft FWL of Qtr Sec 990' County Grady

Current Well Name/No. McConnell 1-3

Original Well Name/No. McConnell 1-3

Unit Name (if applicable)



Locate Well On Grid Above

Well Class: ☐ Oil ☒ Gas ☐ Dry ☐ Plugged

Producing formation(s) Osborn Sand

Oil Transporter/Purchaser

Gas Measurer

OTC No.

OTC No.

The effective date of transfer of this well for the purposes of Commission records, is the date the transfer is approved by the Commission.

CURRENT OPERATOR

Name St. Mary Land & Exploration Company OCC No. 21517

Address 7060 S Yale Ave., Suite 800

City Tulsa State OK Zip 74136

Phone No. 918.488.7600 FAX No. 918.488.0034

I verify that I am the legal operator of record with authority to transfer operatorship of this well.

Signature [Signature]

Name & Title (Typed or Printed) Jana A. Charlesworth, Business Development

Signed and sworn to before me this 25 day of January, 2008

My commission expires November 14, 2008

NEW OPERATOR

Name Abraxas Petroleum Corporation OCC No. 22224-0

Address 500 N Loop 1604 East Suite 100

City San Antonio State TX Zip 78232-1239

Phone No. 210.490.4788 FAX No. 210.490.8837

Being the new operator, as of the effective date and time of transfer accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property.

Signature [Signature]

Name & Title (Typed or Printed) Don Anderson Sr. Prod. Eng.

Signed and sworn to before me this 25 day of February, 2008

My commission expires November 14, 2008

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 above well/lease and cannot be located. I have attached a copy of the certified recorded assignment of lease.

Signature

Signed and sworn to before me this _____ day of _____

Notary Public

My commission expires: _____

FOR OCC USE ONLY

Surety Dept. ☐ Approved ☐ Rejected Date FEB 29 2008

Well Records Dept. ☐ Approved ☐ Rejected Date FEB 29 2008

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

**WELL RECORDS
APPROVED**

Instructions

- A. Please type or print using black ink.
 B. Form must be signed by former operator and new operator.
 C. Outline boundaries of lease and spot well being transferred.
 D. Attach 1002A for well.
 E. Direct questions to Well Records (405) 521-2275.

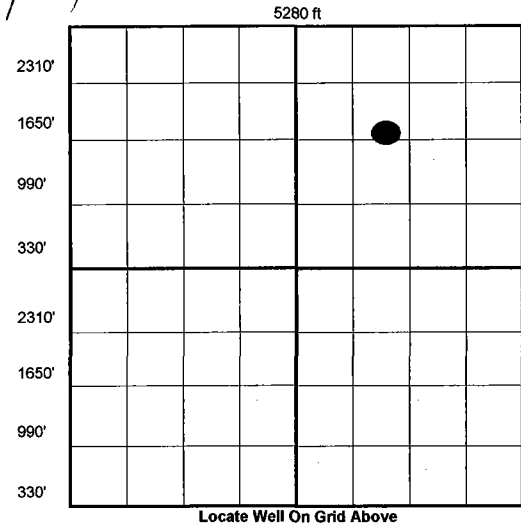
OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, OK 73152-2000

Transfer of Operator
 OAC 165:10-1-15

Form 1073
 Rev. 2009

API No	051-22260	OTC Prod. Unit No.	051-095211
Location	1/4 1/4 1/4 NE 1/4	Sec. 3	Twp 8N Rge. 5W
Ft FSL of Qtr Sec	1320'	Ft FWL of Qtr Sec	990'
County	Grady		
Current Well Name/Number	McConnell 1-3		
Original Well Name/Number	McConnell 1-3		
Unit Name (if applicable)			



Well Class: ☐ OIL ☒ GAS ☐ DRY

Producing formation(s) Osborn Sand

The effective date of transfer of this well, for the purposes of Commission records, is the date that the transfer is approved by the Commission.

CURRENT OPERATOR	OCC No. 22224-0
Name Abraxas Petroleum Corporation	
Address 18803 Meisner Drive	
City San Antonio	State TX Zip 78258
Phone No. (210) 490-4788	FAX No./E-mail (210) 490-8837
I verify that I am the legal operator of record with authority to transfer ownership of this well.	
Signature <i>Geoffrey King</i>	
Name & Title (Typed or Printed) Geoffrey King, Vice President/CFO	
Signed and sworn to before me this <u>26</u> day of <u>February</u> , <u>2013</u> .	
My commission expires: _____	

NEW OPERATOR	OCC No. 21672
Name Charter Oak Production Co., LLC	
Address 13929 Quail Pointe Drive	
City Oklahoma City	State OK Zip 73134
Phone No. (405) 286-0361	FAX No./E-mail (405) 286-4396
I verify that I am the legal operator of record with authority to transfer ownership of this well.	
Signature <i>Joseph C. Brevetti</i>	
Name & Title (Typed or Printed) Joseph C. Brevetti, Managing Member	
Signed and sworn to before me this <u>21st</u> day of <u>March</u> , <u>2013</u> .	
My commission expires: <u>June 11, 2016</u>	

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 above well/lease and cannot be located to obtain signature. I have attached a copy of the certified recorded assignment of lease.

* APPROVED COPY AVAILABLE ON OCC WEBSITE. *

Signature _____

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

My commission expires: _____

FOR OCC USE ONLY

Surety Dept. ☒ Approved ☐ Rejected Date MAR 29 2013 Well Records Dept. ☒ Approved ☐ Rejected Date MAR 29 2013

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

255-38