

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 52000-2000
Oklahoma City, OK 73152-2000

Form 1073
Rev 1996

710030600
5280 ft

Transfer of Operator
OAC 165:10-1-15

API No. **061-21085A** OTC Prod. Unit No. **061-099272**
Location **1/4 NW 1/4 SE 1/4 NW 1/4** Sec. **7** Twp. **8N** Rge. **18E**
Ft FSL of Qtr Sec **1218** Ft FWL of Qtr Sec **1704** County **Haskell**
Current Well Name/No. **Eagle 2-7**
Original Well Name/No.
Unit Name (if applicable)

2310'		
1650'		
990'		
330'		
2310'		
1650'		
990'		
330'		

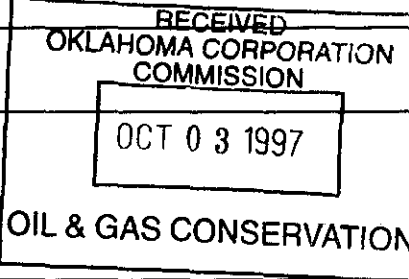
Locate Well On Grid Above

Well Class: ☐ Oil ☒ Gas ☐ Dry ☐ Plugged

Producing formation(s) **Cromwell**

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 **HS Resources** OCC No. **19970**
Address **6120 S. Yale, Suite 1300**
City **Tulsa** State **OK** Zip **74136**
Phone No. **918-488-8962** FAX No.

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

Signature

Name & Title (Typed or Printed)
Steve R. Messer

Signed and sworn to before me this **1st** day of **October, 1997**

My commission expires **8/23/2000**

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.

NEW OPERATOR

Name **Arkoma Resources** OCC No. **20271**
Address **P.O. Box 367**
City **Henryetta** State **OK** Zip **74437**
Phone No. **918-652-8667** FAX No.

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

Name & Title (Typed or Printed)
Pamela Argue

Signed and sworn to before me this **24th** day of **September, 1997**
 My commission expires **Aug 24, 2000**

Signature

Signed and sworn to before me this _____ day of _____

Notary Public

My commission expires: _____

FOR OCC USE ONLY

Surety Dept. ☒ Approved ☐ Rejected Date **OCT 03 1997**

Well Records Dept. ☐ Approved ☐ Rejected Date **NOV 01 1997**

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

PCN C1271580L3
RUN DATE/TIME 08/26/96 18 24 00

OKLAHOMA CORPORATION COMMISSION
OIL AND GAS WELL RECORDS DEPARTMENT

PAGE 169
AS OF DATE 08/26/96

TRANSFER OF OWNERSHIP UPDATE WELL INFORMATION

BATCH ID 60515
SEQUENCE NUMBER 0710

NEW OPERATOR NUMBER 199700
NAME H S RESOURCES, INC
ADDRESS 6666 S SHERIDAN, SUITE 250
TULSA OK 74133
TELEPHONE NUMBER 9184888962
EFFECTIVE DATE 08/26/96

OLD OPERATOR NUMBER 117640
NAME TIDE WEST OIL COMPANY
ADDRESS 6666 S. SHERIDAN STE 250
TULSA OK 74133
TELEPHONE NUMBER 9184888962

***** API NUMBER 061-21085B *****

OTC PROD UNIT 000 00000 WELL CLASSIFICATION: GAS
LEGAL DESCRIPTION 07 08N 18E NW4 SE4 NW4
COUNTY NAME HASKELL
WELL LEASE NAME EAKLE
WELL NUMBER 2-7
PRODUCTION FORMATION(S) AND CLASSIFICATION
403ATKBA ATOKA BASAL GAS



PCN C1271580L3
RUN DATE/TIME 08/26/96 18 24 00

OKLAHOMA CORPORATION COMMISSION
OIL AND GAS WELL RECORDS DEPARTMENT

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NAME TIDE WEST OIL COMPANY
ADDRESS. 6666 S SHERIDAN STE 250

TULSA OK 74133
TELEPHONE NUMBER 9184888962

***** API NUMBER 061-21085A *****

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LEGAL DESCRIPTION 07 08N 18E NE4 NW4 SE4 NW4
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NAME H S RESOURCES, INC.
ADDRESS 6666 S SHERIDAN, SUITE 250

TULSA OK 74133
TELEPHONE NUMBER 9184888962
EFFECTIVE DATE 08/26/96

OLD OPERATOR NUMBER 117640
NAME TIDE WEST OIL COMPANY
ADDRESS 6666 S SHERIDAN STE 250

TULSA OK 74133
TELEPHONE NUMBER 9184888962

***** API NUMBER 061-21085 *****

OTC PROD UNIT 000 00000 WELL CLASSIFICATION DRY
LEGAL DESCRIPTION 07 08N 18E NE4 NW4 SE4 NW4
COUNTY NAME HASKELL
WELL LEASE NAME EAKLE
WELL NUMBER 2-7
PRODUCTION FORMATION(S) AND CLASSIFICATION



50913002

Form 1002A
Rev. 1992

API NO 061-21085A
OTC PROD UNIT NO NA

Rule 165:18-3-25

ORIGINAL ☐AMENDED ☒

Reason Amended:

Completed well

COMPLETION REPORT
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Jim Thorpe Building
Oklahoma City, Oklahoma 73105-4993

COMPLETION & TEST DATA BY PRODUCING FORMATION

PLEASE TYPE OR USE BLACK INK ONLY

TYPE OF DRILLING OPERATION:

☐ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE

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

COUNTY: Haskell	SEC 7 TWP 8N RGE 18E
LEASE NAME: Eakle	WELL NO. 2-7
SHL: NW 1/4 SE 1/4 NW 1/4 1218 FSL	1704 FWL OF 1/4 SEC
BHL: 1/4 1/4 1/4 FSL	FWL OF 1/4 SEC
ELEVATION, Derrick Ft 669	Ground 659
SPUD DATE 9-11-94	
DRLG FINISHED 9-19-94	WELL COMPLETION 7-14-95

LOCATE WELL

1ST PROD DATE 8-11-95	RECOMP DATE
OPERATOR NAME Tide West Oil Company	OTC/OCC OPER NO 11764
ADDRESS 6666 S. Sheridan, Suite 250	
CITY Tulsa	STATE OK ZIP 74133

COMPLETION TYPE

OIL OR GAS ZONES

<input checked="" type="checkbox"/> SINGLE ZONE	FORMATIONS	TOP	BOTTOM
<input type="checkbox"/> MULTIPLE ZONE ORDER NO.	Spiro	5098	5116
<input type="checkbox"/> COMINGLED ORDER NO.			
LOCATION EXCEPTION ORDER NO None			
INCREASED DENSITY ORDER NO. None			
PENALTY			

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor	13 3/8			40	9 Sk.	2yds.		Surf
Surface	8 5/8	24	J-55	1530		450	1530	Surf
Intermediate								
Production	4 1/2	10.5	J-55	5456	--	405		4670
Liner								

Packer @ 5020' Brand & Type Guberson Uni VI TOTAL DEPTH 5850'

Plg @ 5200' Type BZSU Retainer

FORMATION	BASAL ATOKA SPIRO		
SPACING & SPACING ORDER NUMBER	650 AC 142633		
CLASSIFICATION Oil, Gas, Dry, Inj	G		
PERFORATED INTERVALS	5098-5116		
ACID/VOLUME	7 1/2 MSR/30BBLs		
Fracture Treated?	No		
Fluids Amounts	--		

INITIAL TEST DATA

Initial Test Date	6-28-95		
Oil-bbl/day	0		
Oil-Gravity (.API)	--		
Gas-MCF/day	230 MCF/D		
Gas-Oil Ratio Cu Ft/bbl	--		
Water-bbl/day	0		
Pumping or Flowing	F		
Initial Shut-In Pressure	320		
CHOKE SIZE	32/64		
FLOW TUBING PRESSURE	40 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.

SIGNATURE	John W. Brown
NAME (PRINT OR TYPE)	John W. Brown
ADDRESS	6666 S. Sheridan, Suite 250 Tulsa, OK 74133
DATE	9-12-95
PHONE NUMBER	(918) 488-8962

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

LEASE NAME Eakle

WELL NO 2-7

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

NAMES OF FORMATIONS	TOP	BOTTOM
Spiro	5098'	5116'

FOR COMMISSION USE ONLY

APPROVED

DISAPPROVED

- 1) ITD Section
 - a) No Intent to Drill on file ☒
 - (1) Send warning letter ☐
 - (2) Recommend for contempt ☐
 - 2) Authorized Surety
 - a) No Surety filed _____
 - b) Expired Surety _____
- Financial Statement/Letter of Credit/Bond _____
- 3) Reject Codes _____

Was an electrical survey run? ☒ Yes ☐ No

Date last log was run 5-27-95

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:

648 Acres

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 FSL FWL of 1/4 SECTION
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit, or Property Line	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

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

DRAINHOLE #2: SEC	TWP	RGE	COUNTY
Spot Location	Feet From Quarter Section Lines		
1/4	1/4	1/4	1/4 FSL FWL of 1/4 SECTION
Depth of Deviation	Radius of Turn	Direction	Total Length
Measured Total Depth	True Vertical Depth	End Pt Location From Lease, Unit or Property Line:	

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.

API NO
061-21085B

OTC PROD UNIT NO
061-099272

Rule 165:10-3-25

ORIGINAL ☐

AMENDED ☒

Reason Amended: correct formation name



COMPLETION REPORT
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Jim Thorpe Building
Oklahoma City, Oklahoma 73105-4993

60126008

Form 1002A
Rev. 1992

PLEASE TYPE OR USE BLACK INK ONLY

TYPE OF DRILLING OPERATION:

☐ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE

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

COUNTY: Haskell SEC 7 TWP 8N RGE 18E

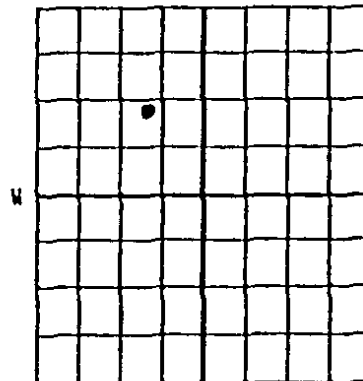
LEASE NAME: Eakle WELL NO: 2-7

SHL: NW 1/4 SE 1/4 NW 1/4 1218 FSL 1704 FWL OF 1/4 SEC

BHL: 1/4 1/4 1/4 FSL FWL OF 1/4 SEC

ELEVATION: Derrick Fl 669 Ground 659 SPUD DATE 9-11-94

DRLG FINISHED 9-19-94 WELL COMPLETION 7-14-95



LOCATE WELL

1ST PROD DATE 8-11-95 RECOMP DATE

OPERATOR NAME Tide West Oil Company OTC/OCC OPER NO 11764

ADDRESS 6666 S Sheridan, Suite 250

CITY Tulsa STATE OK ZIP 74133

COMPLETION TYPE

☒ SINGLE ZONE

☐ MULTIPLE ZONE ORDER NO.

☐ COMINGLED ORDER NO.

LOCATION EXCEPTION ORDER NO.
None

INCREASED DENSITY ORDER NO.
None

PENALTY

OIL OR GAS ZONES

FORMATIONS	TOP	BOTTOM
Basal Atoka	5098	5116

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor	13 3/8			40	9 sk	2yd		Surf
Surface	8 5/8	24	J-55	1530		450	1530	Surf
Intermediate								
Production	4 1/2	10.5	J-55	5456	--	405		4670
Liner								

Packer @ 5020' Brand & Type Guiberson Uni VI TOTAL DEPTH 5850'

Plug @ 5200' Type EZSU Retainer

COMPLETION & TEST DATA BY PRODUCING FORMATION

403 1 ATKBA

FORMATION	Basal Atoka		
SPACING & SPACING ORDER NUMBER	640 AC 142633		
CLASSIFICATION Oil, Gas, Dry, Inj	Gas		
PERFORATED INTERVALS	5098-5116		
ACID/VOLUME	7 1/2 MSR/30 BBLS		
Fracture Treated?	No		
Fluids Amounts	--		

INITIAL TEST DATA

Initial Test Date	6-28-95		
Oil-bbl/day	0		
Oil-Gravity (API)	--		
Gas-MCF/day	230 MCF/D		
Gas-Oil Ratio Cu Ft/bbl	--		
Water-bbl/day	0		
Pumping or Flowing	Flowing		
Initial Shut-In Pressure	320		
CHOKE SIZE	32/64		
FLOW TUBING PRESSURE	40 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.

SIGNATURE

John W. Brown
NAME (PRINT OR TYPE)

6666 S. Sheridan, Ste 250
ADDRESS

Tulsa, OK 74133
CITY STATE ZIP

1-22-96
DATE

918/488-8962
PHONE NUMBER

FORMATION RECORD

WELL NO

APPROVED DISAPPROVED

2) Authorized Surety

a) No Surety filed _____
b) Expired Surety _____

Financial Statement/Letter of
Credit/Bond

3) Reject Codes

Date last log was run

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:

~~OKLAHOMA CORPORATION~~
~~COMMISSION~~

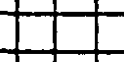
Other remarks:

IAN 25 1996

OIL & GAS CONSERVATION

648 Acres

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE:



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.

SEC	TWP	RGE	COUNTY
Spot Location		Feet From Quarter Section Lines	
1/4	1/4	1/4	1/4
		FSL	FWL of 1/4 SECTION
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit, or Property Line	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

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

WALK THROUGH

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

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

BATCH NUMBER (OGG USE ONLY)
0000012

DRILL ☒ RECOMPLETE ☐ REENTER ☐ DEEPEN ☐ AMEND REASON ☐

~~6~~ LOCATE WELL AND OUTLINE
LEASE OR SPACING UNIT IN INK

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)

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

~~S~~WELL LOCATION

SECTION 7	TOWNSHIP 8N	RANGE 18E	COUNTY HASKELL
SPOT LOCATION NE 1/4 NW 1/4 SE 1/4 NW 1/4			FEET FROM QUARTER SECTION LINES FROM SOUTH LINE 1218 FROM WEST LINE 1704

Well will be 1422 feet from nearest lease unit or property boundary.

LEASE NAME	WELL NUMBER
EAKLE	2-7

NAME OF OPERATOR

TIDE WEST OIL COMPANY

ADDRESS 6666 S. SHERIDAN RD. SUITE 250 (918) 488-8962

CITY STATE ZIP CODE
TULSA OKLAHOMA 74133-1750

1A SURFACE OWNER (one only; attach sheet for additional owners)

CHARLEY AND RITA SHELTON

ADDRESS
56 BAYVIEW LANE

CITY STATE ZIP CODE
PORT TOWNSEND WA. 98368

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

1)	BASAL ATOKA	5100'	403 ATKBA
2)			7)
3)			8)
4)			9)
5)			10)

1. SPACING ORDER NUMBER(S) AND SIZE UNIT(S)

142633 (640)

16. PENDING APPLICATION C/D NO ✓		17. LOCATION EXCEPTION ORDER NO N/A ✓		18. INCREASED DENSITY ORDER NO N/A ✓	
19. TOTAL DEPTH 5850'	20. GROUND ELEV 659'	21. DEPTH TO BASE OF TREATABLE WATER 350' la	22. SURFACE CASING w 1570'	23. ALT CASING PROG USED? <input type="checkbox"/> <input checked="" type="checkbox"/> X	

24 ALTERNATIVE CASING PROCEDURE check box and fill in blank (AFFIDAVIT REQUIRED see reverse side line 31)

N/A — 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 drilled)

B Expected mud chloride content: maximum _____ ppm average _____ ppm

PIT # 1 C Type of Pit System on site off site closed If off site specify location

☒ Is depth to top of ground water greater than 10 ft below base of pit? ☒ Y ☐ N

☒ Within 1 mile of municipal water well? Y ☒ N

<input checked="" type="checkbox"/>	Wellhead Protection Area	Y	<input checked="" type="checkbox"/> N
-------------------------------------	--------------------------	---	---------------------------------------

261 OCC USE ONLY

B PA Location Alluvial Plain/Terrace Deposits Bedrock Aquifer Other HSA ☒ Non-HSA Fm 6066Y

C Special area or field rule? ☐ D DEEP SEA? ☐ Y ☐ N Yield > 50 ☐ E CBL required? ☐ Y ☐ N

F SOIL or GEOMEMBRANE LINER REQUIRED? ☐ Y ☐ N GEOMEMBRANE LINER REQUIRED? ☐ Y ☐ N 20 mil 30 mil

27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED)

N/A

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>Donald C. Jennings</i>	DONALD C. JENNINGS, AGENT	(405) 843-5566	6-23-95

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, Solid Report, within fourteen days of commencement of operations.

CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION

- A. Type of mud system ____ water based ____ oil based ____ gas based (air drilled)
 B. Expected mud chloride content maximum ____ ppm average ____ ppm
 C. Type of Pit System ____ on site ____ off site ____ closed If off site specify location ____
 D. Is depth to top of ground water greater than 10 ft below base of pit? ____ Y ____ N
 E. Within 1 mile of municipal water well? ____ Y ____ N
 F. Wellhead Protection Area ____ Y ____ N

OFFSITE PIT # _____

Locate bottom hole location (S)

N

1. If more than two drainholes are proposed, attach separate sheet indicating the necessary information.
 2. Direction must be stated in degrees azimuth.
 3. Please note the horizontal drainhole and its end point must be located within the legal boundaries of the lease or spacing unit. Directional surveys are required for all drainholes and directional wells.

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

29. Bottom Hole Location for Directional Hole
 SEC TWP RGE County

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

Measured Total Depth True Vertical Depth BHL from Lease Unit or Property Line

30. Bottom Hole Location for Horizontal Hole (DRAINHOLES)
 DRAIN HOLE #1 SEC TWP RGE County

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

Depth of Deviation Radius of turn Direction Total Length

Measured Total Depth True Vertical Depth End point location from 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 SECTION LINES from SOUTH LINE from WEST LINE

Depth of Deviation Radius of turn Direction Total Length

Measured Total Depth True Vertical Depth End point location from lease unit or property line

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

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

1. This well (____ will ____ will not) penetrate any known lost circulation zones.
 2. During the drilling of this well, withdrawals from any water well within 1/4 mile (____ will ____ will not) exceed 50 gallons per minute.
 3. List the following for all water wells within 1/4 mile of this well (Information concerning some water wells may be obtained from the OKLAHOMA WATER RESOURCES BOARD P O Box 150 Oklahoma City OK 73101-0150). If no water wells are found, so state.
 (ATTACH ADDITIONAL SHEET IF NECESSARY)
 Name of Owner/Operator Address of Owner/Operator Location (Nearest 1/4 1/4 1/4) Deepest producing interval

4. 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.
 5. A cement bond log is required to be run and submitted from not less than 100 feet below the base of the treatable water-bearing formation to the surface.
 6. If casing depth is more than 250 feet deeper than base of the treatable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken.

INTENT TO DRILL CHECKLIST

APPROVED

REJECTED

OCC USE ONLY

OCC USE ONLY

OCC USE ONLY

1. SURETY FS
 A. NONE filed
 B. EXPIRED Date 2-22-96
 C. OUTSTANDING CONTEMPT ORDER

2. INTENTS

3. SPACING

4. GEOLOGY

A. SURFACE CASING

1. Insufficient amount Requires ____ feet
 2. Insufficient Alternate Casing Program
 3. No Affidavit Submitted for Alternative Casing Program
 4. Reentry requires ____ feet only ____ current
 B. UNSPACED Less than 2500 ft (165') More than 2500 ft (330')
 Only ____ ft from N/S and ____ ft from E/W line

C. SPACED SPACING ORDER No. _____

1. Square Pattern 2.5 10 40 160 640
 2. Rectangular pattern 5 20 80 320
 NW/SE or NE/SW
 3. Rectangular slot pattern 5 20 80 320
 Prior to 1971 (Y N) S/U/D

D. LOCATION EXCEPTION

1. Surface Hole Location different
 2. Bottom Hole Location different

E. PENDING APPLICATION Spacing/Location Exception

C.D. No. _____
 H.O.M. DATE _____

F. OPERATOR NAME DIFFERENT in order No. _____

Name on order _____
 Location Exception/increased Density/Pooling

G. Increased Density/Location Exception EXPIRED

Order Expired Date _____

H. Outline Lease or Property Boundary

6-23-95

OKLA CORP CORP RECEIPT 565270049
 Date: 06/23/1995 Time: 11:28
 Case: 000000000 Cashier: FPN
 Payor: STERRA & ASSOC.
 Check 3961 \$300.00
 45 Emery Walk Thru LTD

DO NOT WRITE INSIDE THIS BOX

PERMIT TO DRILL

OTC/OCC Number. 11764-0

OKLAHOMA CORPORATION COMMISSION

API Number 061-21085-A

Approval Date 06/23/95

PERMIT TO DRILL

Notice of Intention To RECOMPLETE

Type of Drilling Operation STRAIGHT HOLE

County. HASKELL Spot Location NE4 NW4 SE4 NW4

Feet From SOUTH 1/4 Section Line 1218 Feet From. WEST 1/4 Section Line 1704

Lease Name: EAKLE

Well Type. OIL/GAS

Well No 2-7

Well Location Sec 7 Twp 08N Rge. 18E

Feet from the nearest lease line. 1422

Operator Name: TIDE WEST OIL COMPANY

Surface Owner Address

CHAR Y & RITA SHELTON

56 BAYVIEW LANE

PORT TOWNSEND WA 98368

Operator Return Address

TIDE WEST OIL COMPANY

6666 S SHERIDAN RD, #250

TULSA OK 74133

Operation to Begin 00/00/00

Fresh Water Supply Well Drilled NO

Surface Water used to Drill: NO

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

(1) 403ATKBA ATOKA BASAL

5100

Spacing Order Numbers 142633

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-
5850	659	1570	350

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.

RECEIVED
OKLAHOMA CORPORATION
COMMISSION

MAR 15 1995

OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
OAC 165.10-1-15

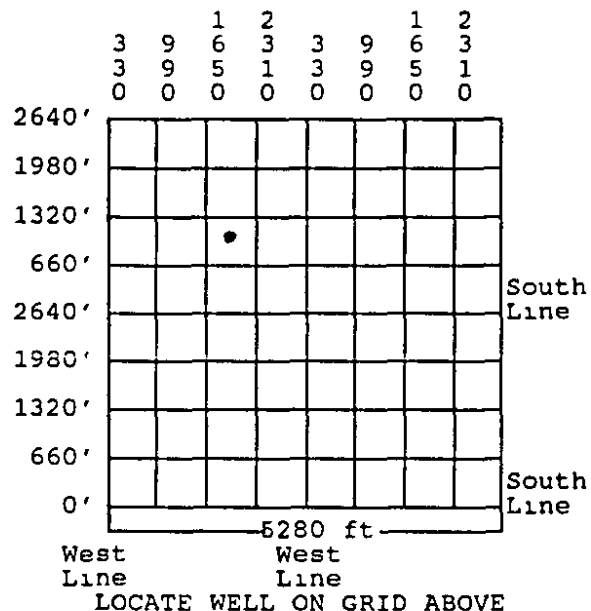
FORM 1073
(Rev 1992)

503150608

INSTRUCTIONS

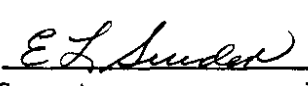
- A. PLEASE TYPE OR USE BLACK INK.
- B. FORM MUST BE SIGNED BY FORMER AND NEW OPERATOR.
- C. OUTLINE BOUNDARIES OF LEASE AND SPOT WELL BEING TRANSFERRED
- D. ATTACH 1002A FOR WELL.

API No. 061-21085	
OTC Prod. Unit No. (Waiting on completion)	
Location: NE 1/4 NW 1/4 SE 1/4 NW 1/4	
Sec. 7	Twp 8N Rge 18E
County Haskell	
Ft. FSL 1218	Ft. FWL 1704
Current Well Name & No Eakle No. 2-7	
Original Well Name & No. Eakle No. 2-7	

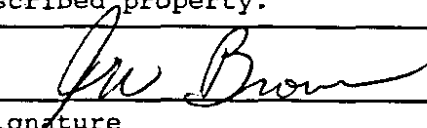


Unit Name (if applicable)	
Well Class. <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry/Plugged	Transfer Effective Date Mo/Da/Yr: 3/1/95
Producing Formation(s)	
Oil Transporter/Purchaser	OTC No.
Gas Measurer	OTC No.

FORMER OPERATOR

Name Agate Petroleum, Inc.	
OTC No 10905	
Address 15 W. 6th Street, Suite 1301	
City Tulsa	State OK
Zip 74119-5458	(AC) Phone 918/585-9016
Being the current operator, I certify that the facts presented are true and correct as to the well being transferred.	
 Signature E. L. Snider E. L. Snider, Vice President Name and Title (Print or Type)	

NEW OPERATOR

Name Tide West Oil Company	
OTC No. 11764	
Address 6666 S. Sheridan Rd., ste. 250	
City Tulsa	State OK
Zip 74133-1750	(AC) Phone 918/488-8962
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 Manager of Operations Name and Title (Print or Type)	

FOR O C.C. USE ONLY

	Approved Date	Rejected Date	Reason
Surety Dept.	MAR 15 1995		
Production Dept			
Well Records Dept.	JUN 28 1995		

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORT

Form 1002C
(Rev. 1993)

API NO	061-21085A
DTC/OCC OPERATOR NO	11764

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
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	Enterprise	*O.C.C. District	4
*Operator	Tide West Oil Company	*County	Haskell
*Lease Name	Rakle	*Well Number	2-7
*Location.	NE 1/4 NW 1/4 SE 1/4 NW 1/4	Sec	7 Twp. 8N Rge 18E

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date					6-23-95	
*Size of Drill Bit (inches)					7 7/8	
*Estimated % wash or hole enlargement used in calculations					20%	
*Size of Casing (inches O.D.)					4 1/2"	
*Top of Liner (if liner used) (ft)					---	
*Setting Depth of Casing (ft.) from ground level					5456'	
Type of Cement (API Class)						
In first (lead) or only Slurry					H	
In second Slurry					H	
In third Slurry					H	
Sacks of Cement Used						
In first (lead) or only Slurry					105	
In second Slurry					100	
In third Slurry					200	
Vol of Slurry pumped (Cu ft) (14 X15)						
In first (lead) or only Slurry					126	
In second Slurry					120	
In third Slurry					240	
Calculated Annular Height of Cement behind Pipe (ft)					800	
Cement left in pipe (ft)					256	

*Amount of Surface Casing Required (from Form 1000)	1570	ft
*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
*Was Cement Bond Log run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If so, ATTACH COPY)	*If Yes, at what depth	ft.

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

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

Remarks Stuck casing was squeezed three times Copies of tickets attached	Remarks
<p style="text-align: center;">CEMENTING COMPANY</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> <hr/> Signature of Cementer or Authorized Representative <hr/> Name of Person and Title (Type or Print) <hr/> Cementing Company <hr/> Street Address or P.O. Box <hr/> City State Zip <hr/> Telephone (AC) Number <hr/> Date	<p style="text-align: center;">OPERATOR</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> <hr/>  *Signature of Operator or Authorized Representative <hr/> John W. Brown, Manager of Operations <hr/> *Name of Person and Title (Type or Print) <hr/> Tide West Oil Company <hr/> *Operator <hr/> 6666 S. Sheridan, Suite 250 <hr/> *Street Address or P.O. Box <hr/> Tulsa OK 74133 <hr/> *City State Zip <hr/> (918) 488-8962 <hr/> *Telephone (AC) Number <hr/> 9-12-95 <hr/> *Date

INSTRUCTIONS

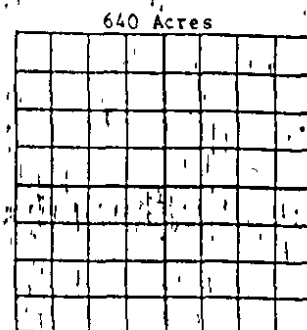
1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original and one copy of this form shall be filed as an attachment to the Completion Report, (Form 1002A) for each 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 (to be filed in duplicate).
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165 10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165 10-3-4(h).
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW THE CORPORATION COMMISSION REGULATIONS.
5. TYPE OR USE BLACK INK ONLY

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. 061-21085

OTC/OCC Oper. No. _____

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.



Locate Well and Outline Lease

*1. Field Name		*2. O.C.C. District			
*3. Operator AGATE Petroleum		*4. County Haskell			
*5. Lease Name Eakle		*6. Well Number 2-7			
*7. Location		Section 7	Township 8N	Range 18E	
CEMENT CASING DATA.	CONDUCTOR CASING	SURFACE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
8 Cementing Date		9-13-94			
*9. (a) Size of Drill Bit (inches)		11"			
(b) Estimated % wash or hole enlargement used in calculations		50 %			
*10 Size of Casing (inches O.D.)		8-5/8"			
*11 Top of Liner (if liner used) (ft.)					
*12 Setting Depth of Casing (ft.) from ground level		1530 Ft.			
13. Type of Cement (API Class)					
(a) in first (lead) or only Slurry.		H			
(b) In second Slurry		H			
(c) In third Slurry					
14. Sacks of cement used					
(a) In first (lead) or only Slurry		450			
(b) In second Slurry		50			
(c) In third Slurry					
15 Vol of Slurry pumped: (Cu ft)(14.X 15.)					
(a) In first (lead) or only Slurry		495 c.ft.			
(b) In second Slurry		50 c.ft.			
(c) In third Slurry					
16 Calculated Annular Height of Cement behind Pipe (ft)		1530'			
17 Cement left in pipe (ft)		60 Ft.			
*18 Amount of Surface Casing Required (from Form 1000) _____ 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).		*22 If answer to 20 is yes, at what depth? _____ 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>Circulated 5 Bls. Cement Back To Surface. Cement Fell Back. Topped Out With 50 Sacks Class H</p> <p>Did Not Fall Back Again</p> <p>Okla. Permit No. 589</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>Lindell Sharp</u></p> <p>Signature of Cementer or Authorized Representative</p> <p><u>Lindell Sharp Pres., Cementer</u></p> <p>Name of person and Title (Type or Print)</p> <p><u>Sharp Well Cementing</u></p> <p>Cementing Company</p> <p><u>P.O. Box 99</u></p> <p>Street Address or P. O. Box</p> <p><u>Huntington, Ark. 72940</u></p> <p>City State Zip</p> <p>Telephone <u>501</u> <u>996-2500</u></p> <p>Area Code</p> <p><u>9-16-94</u></p> <p>Date</p>	<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>E. L. Snider</u></p> <p>*Signature of Operator or Authorized Repres</p> <p><u>E. L. Snider, Vice President</u></p> <p>*Name of Person and Title (Type or Print)</p> <p><u>Agate Petroleum, Inc.</u></p> <p>*Operator</p> <p><u>15 West 6th St., Suite 1301</u></p> <p>*Street Address or P. O. Box</p> <p><u>Tulsa, OK 74119-5458</u></p> <p>*City State Zip</p> <p>Telephone <u>918</u> <u>585-9016</u></p> <p>Area Code</p> <p><u>March 13, 1995</u></p> <p>Date</p>

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.

SEP 23 1994

API NO
061-21085

OTC PROD UNIT NO

Rule 165:10-3-25
ORIGINAL ☒
AMENDED ☐
Reason Amended



COMPLETION REPORT
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Jio Thorpe Building
Oklahoma City, Oklahoma 73105-4993

50316021

Form 1002A
Rev 1992

PLEASE TYPE OR USE BLACK INK ONLY
TYPE OF DRILLING OPERATION:
☐ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
If directional or horizontal, see reverse for bottom hole location

COUNTY: HASKELL SEC 7 TWP 8N RGE 18E

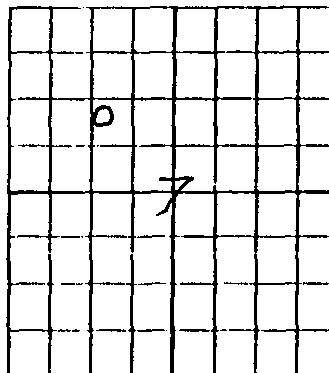
LEASE NAME: Eakle WELL NO: 2-7

SHL: NW1/4SE 1/4 NW1/4 1218' FSL 1704 FWL OF 1/4 SEC

BHL: 1/4 1/4 1/4 Do FSL FWL OF 1/4 SEC

ELEVATION, Derrick Fl 669 Ground 659 SPUD DATE 9-11-94

DRUG FINISHED 9-19-94 WELL COMPLETION Well was not completed.



LOCATE WELL

1ST PROD DATE -- RECOMP DATE

OPERATOR NAME Agate Petroleum, Inc. OTC/OCC OPER NO

ADDRESS 15 West 6th St., Suite 1301

CITY Tulsa STATE OK ZIP 74119-5458

COMPLETION TYPE	OIL OR GAS ZONES
<input type="checkbox"/> SINGLE ZONE	FORMATIONS TOP BOTTOM
<input type="checkbox"/> MULTIPLE ZONE ORDER NO.	
<input type="checkbox"/> COMINGLED ORDER NO.	
LOCATION EXCEPTION ORDER NO.	
INCREASED DENSITY ORDER NO.	
PENALTY	

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor	13 3/8			40	9 Sk.	2 Yds.		Surface
Surface	8 5/8	24	J	1530		450	1530	Surface
Intermediate								
Production								
Liner								

Packer # _____ Brand & Type _____ TOTAL DEPTH 5850'

Plug # _____ Type _____

	1	2	3
FORMATION			
SPACING & SPACING ORDER NUMBER			
CLASSIFICATION Oil, Gas, Dry, Inj			
PERFORATED INTERVALS			
ACID/VOLUME			
Fracture Treated?			
Fluids Amounts			

INITIAL TEST DATA NOTE: Well was not completed.

Initial Test Date			
Oil-bbl/day			
Oil-Gravity (API)			
Gas-MCF/day			
Gas-Oil Ratio Cu Ft/bbl			
Water-bbl/day			
Pumping or Flowing			
Initial Shut-In Pressure			
CHOKE SIZE			
FLOW TUBING PRESSURE			

A record of the formations drilled through, and pertinent remarks are presented on the reverse

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief

E. L. Snider E. L. Snider
SIGNATURE NAME (PRINT OR TYPE)

15 West 6th St., Suite 1301, Tulsa OK 74119-5458
ADDRESS CITY STATE ZIP

March 13, 1995 918/585-9016
DATE PHONE NUMBER

PLEASE TYPE OR USE BLOCK IN ONLY
FORMATION RECORD

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

NAMES OF FORMATIONS	TOP	BOTTOM
Lower Booch Sd.	1672	1800
Hartshorne Sd.	1882	2025
Atoka Sand	3761	3850
Spiro Sand	5096	5117
Wap. Lime	5124	5192
Cromwell Sand	5540	5632
T.D.		5850

LEASE NAME

WELL NO

FOR COMMISSION USE ONLY

APPROVED

DISAPPROVED

1) ITD Section

- a) No Intent to Drill on file
(1) Send warning letter ☐
(2) Recommend for contempt ☐

2) Authorized Surety

- a) No Surety filed ☐
b) Expired Surety ☐

Financial Statement/Letter of Credit/Bond

3) Reject Codes

Was an electrical survey run? ☒ Yes ☐ No

Date last log was run 9/18/94

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:

Unable to get 4 1/2" production to
total depth.

Other remarks:

648 Acres

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 FSL FWL of 1/4 SECTION
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

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

DRAINHOLE #2: SEC TWP RGE COUNTY			
Spot Location		Feet From Quarter Section Lines	
1/4	1/4	1/4	1/4 FSL FWL of 1/4 SECTION
Depth of Deviation		Radius of Turn	Direction Total Length
Measured Total Depth		True Vertical Depth	End Pt Location From Lease, Unit or Property Line:

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.

PERMIT TO DRILL

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 10905-0

API Number 061-21085

Approval Date: 08/09/94

Notice of Intention To DRILL

Type of Drilling Operation STRAIGHT HOLE

Well Type

Well Location Sec: 7 Twp 08N Rge: 18E

County HASKELL

Spot Location NE4 NW4 SE4 NW4

Feet From. SOUTH 1/4 Section Line 1218 Feet From. WEST 1/4 Section Line 1704

Feet from the nearest lease line: 1422

Lease Name EAKLE

Well No. 2-7

Operator Name: AGATE PETROLEUM, INC

Surface Owner Address

CHARLEY & RITA SHELTON

56 BAYVIEW LANE

PORT TOWNSEND WA 98368

Operator Return Address

AGATE PETROLEUM, INC.

15 W 6TH ,SUITE 1301

TULSA OK 74119

Operation to Begin: 09/16/94

Fresh Water Supply Well Drilled NO

Surface Water used to Drill: YES

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

(1) 404BOCHU BOOCH UP	1550	(2) 404BOCHL BOOCH LOW	1700
(3) 404HRSR HARTSHORNE	2250	(4) 403DCATM DIRTY CREEK(MID ATOKA)	5000
(5) 402WPCK WAPANUCKA	5300	(6) 402CMWL CROMWELL	5750

Spacing Order Numbers 139561

Special Orders

Pending CD Numbers	Location Exception Orders	Increased Density Orders
		385014

Total Depth	Ground Elevation	Surface Casing:	Depth to base of Treatable Water-Bearing FM
6000	659	1570	350

PIT 1 INFORMATION.

Type of Pit System ON-SITE

Type of Mud System

GAS BASED (AIR DRILLED)

Expected Chloride Content of Pit

Maximum 1000 PPM, Average 900 PPM

Determination of Hydrologically Sensitive Area

Category of Pit 4

Liner not required for Category 4 PIT

Approved Method for disposal of Drilling Fluids

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

1. OTC/OCC OPERATOR NUMBER
10905

2. API NUMBER
061 21085

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

BATCH NUMBER (OCC USE ONLY)
07294012

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 7	Township 8N	Range 18E	County Haskell
Spot Location NE 1/4 NW 1/4 SE 1/4 NW 1/4		Feet from quarter section lines South line 1218' West line 1704'	
7. Well will be 1422' feet from nearest lease unit or property boundary			
LEASE NAME EAKLE		WELL NUMBER 2-7	
NAME OF OPERATOR AGATE PETROLEUM, INC			
ADDRESS 15 West 6th Street, Suite 1301		PHONE (AC/NUMBER) 918/585-9016	
CITY Tulsa	STATE OK	ZIP CODE 74119-5458	

10. NAME OF SURFACE OWNER (one only, attach sheet for additional owners)
Charley & Rita Shelton

ADDRESS
56 Bayview Lane

CITY
Port Townsend STATE
WA ZIP CODE
98368

14. TARGET FORMATIONS AND DEPTHS OF EACH (limited to ten)
Upper Booch 1550', Lower Booch 1700', Hartshorne 2250', Dirty Creek (Middle Atoka)

5000', Wapanucka 5300', Cromwell 5750'

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

139561 621.56 Acres

16. Pending Application C.D. No.

CD940002077

17. Location Exception Order No.

385014

18. Total Depth
6000'

19. Ground Elev
659'

20. Depth to base of treatable water-bearing fm
350'

21. Surface Casing
1570'

22. Will alternative casing program be used? ☐ Y ☒ N

24. Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side)

- ☐ 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)
C. Expected chloride content maximum **1000** ppm, average **900** ppm.
D. Is depth to top of ground water greater than 6 ft. below base of pit? ☒ Yes ☐ No

26. For OCC Use Only

- A. Is pit located in an hydrologically sensitive area? ☐ yes ☒ no
B. Category of pit 1 2 3 **3** C. Liner Required ☐ yes ☒ no

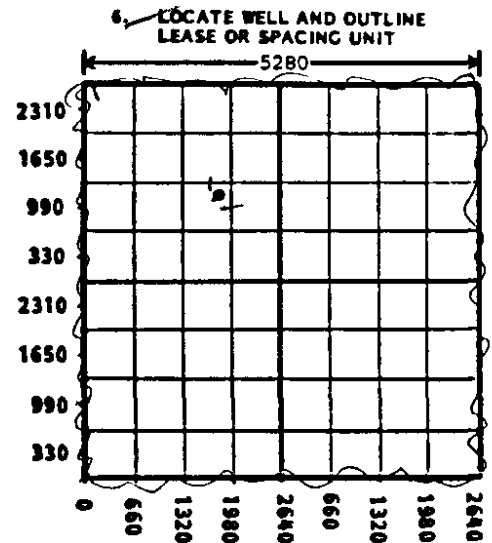
27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (must be completed)

- ☐ 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 **Big Mack Trucking**
☐ F. Haul to commercial soil farming facility; specify site _____
☒ G. Other method, specify **AIR DRILLED**

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 E L Snider	NAME (Print or Type) E L. Snider	PHONE (AC/NUMBER) 918/585-9016	DATE 7/27/94
--------------------------------	--	--	------------------------

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.



SECTION
7
TOWNSHIP
8N
RANGE
18E
WELL NAME
EAKLE
WELL NUMBER
2-7

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)

Drain hole #1

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 _____

- 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 _____
Rejected _____
DAN

- Surety FS
A. None filed
B. Expired date 3-2-95
C. 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 (15%) more than 2500 ft (33%) only _____ ft from N/S and _____ ft from E/W line
- Spaced Spacing Order No.
 - Square pattern, 31, 10, 48, 165, 326
 - Rectangular pattern, 3, 20, 80, 326 NW/SE or NE/SW
 - Rectangular slot pattern, 3, 20, 80, 326 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/Spacing
- Increase Density/Location Exception Order expired date _____
- Outline lease or property boundary lines

13956/640
ext 130302 Upper Beach, Lower Beach
Hartshorne, Dirty Creek (Middle Ark)
Hunton, Simpson
ext 136553 Wapamuck, Cromwell
385044/ID Tide West Oil Co.
0949002077 7-25-94
X to B9561 Cromwell
operator thy

Check 23442 \$100.00
46 Intent to Drill
OCCLA CORP COMM RECEIPT 950430046
Date: 07/29/1994 Time: 11:40
Case: 000000000 Cashier: LJS
Payor: REATE

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 52000-2000
 Oklahoma City, OK 73152-2000

312180604

Form 1073
 Rev. 1996

Transfer of Operator
 OAC 165:10-1-15

API No. 061-21085A		OTC Prod. Unit No.	
Location NW 1/4 SE 1/4 NW 1/4 1/4		Sec. 7	Twp. 8N Rge. 18E
Ft FSL of Qtr Sec 1218		Ft FWL of Qtr Sec 1704	
Current Well Name/No. Eakle #2-7		County Haskell	
Original Well Name/No. same			
Unit Name (if applicable)			

2310'					
1650'					
990'		X			
330'					
2310'					
1650'					
990'					
330'					

Locate Well On Grid Above

Well Class: ☐ Oil ☒ Gas ☐ Dry ☐ Plugged **shut-in**

Producing formation(s) Atoka	
Oil Transporter/Purchaser	OTC No.
Gas Measurer	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 Arkoma Resources, LLC		OCC No.
Address P.O. Box 367		
City Henryetta	State OK	Zip 74437
Phone No. 918-652-7900	FAX No.	

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

Vince Coble, President
 Signature

Vince Coble, President
 Name & Title (Typed or Printed)

Signed and sworn to before me this 20th day of November 2003
 Notary Public Oklahoma
 OFFICIAL SEAL
 DEBBIE BROWN
 CREEK COUNTY Notary Public
 My commission expires 9/01/06 Exp. 11-17-07

NEW OPERATOR

Name Rose Rock Resources, Inc.		OCC No. 20173
Address 1100 W. Main		
City Jenks	State OK	Zip 74037
Phone No. 918-299-9950	FAX No. 918-299-9953	

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.

Jeffrey Andrews, President
 Signature

Jeffrey Andrews, President
 Name & Title (Typed or Printed)

Signed and sworn to before me this 20th day of November 2003
 Notary Public Oklahoma
 OFFICIAL SEAL
 DEBBIE BROWN
 CREEK COUNTY Notary Public
 My commission expires 9/01/06 Exp. 11-17-07

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.

Signature

Signed and sworn to before me this _____ day of _____

Notary Public

My commission expires _____

FOR OCC USE ONLY

Surety Dept. ☒ Approved ☐ Rejected Date **JAN 29 2004**Well Records Dept. ☒ Approved ☐ Rejected

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

Form 1003/1003C
(Rev. 2001)

A 10x10 grid with an 'X' in the 3rd column and 4th row.

Signature of District Manager _____ Randy Whelan _____
Field Inspector