

TYPE OR USE BLACK INK
See Reverse
for Instructions

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4800

501249409

Form 1003/1003C
(Rev 1993)

API No.: 061-21095

PLUGGING RECORD
OAC 165:10-11-7

Lease Name/No.: **HAMLIN 2-26**

Location: C E/2 W/2 SE 1/4 1/4 Total Depth: 5,600'

Sec: **26** Twp: **9N** Rge: **18E** County: **HASKELL**

Ft. from 1/4 sec: 1320' FSL 990' FWL Plugging Date: **10-12-94**

Well Class: gas-dry Treatable Water Depth: 475'

Operator

Locate Well on Grid

Name: **SONAT EXPL. CO**

OCC/OTC No.: 13670-0

Address: 200 Garrison, Ste. 340

Phone: 501-785-2981

City: Ft. Smith

State: AR

Zip: 72901

Pipe Record

Size	Run (ft)	Pulled (ft)	
			Conductor
11-3/4"	557'	0'	Surface
			I. C.
			I. C.
			P. C.
			Lnr.

Perforation Depths

Set 1 - From To

Set 2 - From To

Set 3 - From To

Set 4 - From To

Plug	Type of Plug	Size Hole or Pipe of Placement	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug if Tagged
1	CEMENT	8"	5600	89	105	5300	
2	CEMENT	8 1/2	5000	67	79	4800	
3	CEMENT	8 3/4	4600	71	84	4400	
4	CEMENT	11" - 11 3/4	707	168	198	407	
5	CEMENT	11 3/4	53	30	35	3	

Remarks:

Reason for Plugging: Dry hole

I declare under applicable Corporation Commission Rule, that I am authorized to make this certification, that the placing of cement plugs in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented are true, correct, and complete to the best of my knowledge. This covers cementing data.

Signature *Debra G. Reiss* Name & Title Typed **DEBRA G. REISS CEMENTER**

Co. Name **THE WESTERN CO** Permit No. **528** Date **10-12-94** Phone **405-354-8861**

Address **P.O. BOX 850570** City **YUKON** State **OK** Zip **73085**

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 herein, and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature *Ambrose Schmitz* Name & Title Typed **Ambrose Schmitz, Drilling Superintendent** Date **11-1-94**

INSTRUCTIONS

1. Form must be completed in its entirety and mailed to the appropriate District Office within 30 days after plugging is completed.
2. Send original and one (1) copy.
3. Type or use BLACK ink only.
4. API No. must be on form. To get an API No. call Petroleum Information at (405) 848-9824.
5. In specifying the type of plug use the following notations: CIBP - cast iron bridge plug; CEM - cement plug; CIBP + CEM - cast iron bridge plug and cement; Packer - packer. If other abbreviations are used, please define.
6. Cement plugs shall be placed in the well bore as required by the Rules of the Commission plus any additional plugs as may be specified by the District Manager or his representative, where unusual local conditions exist. (OAC 165:10-11-6)
7. The minimum amount of cement normally used in each plug in the open hole shall be a slurry volume equal to the amount necessary to fill the calculated volume of 100 feet of the hole in which the plug is placed.
8. A 30 feet cement plug is required to be placed near the top of the well. (OAC 165:10-11-6)

DISTRICT I
115 W. 6th St., Box 779
Bristow, OK 74010
(918) 367-3396

DISTRICT II
101 S. 6th, Box 1107
Kingfisher, OK 73750
(405) 375-5570

DISTRICT III
1016 Maple, Box 1525
Duncan, OK 73533
(405) 255-0103

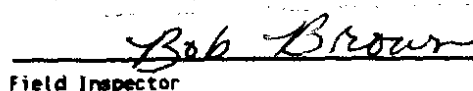
DISTRICT IV
703 N. Broadway
Ada, OK 74820
(405) 332-3441

FOR COMMISSION USE ONLY

Approved	Rejected		Approved	Rejected	
_____	_____	1. API No. invalid.	_____	_____	10. Record of pipe pulled incomplete.
_____	_____	2. Legal Description invalid for County.	_____	_____	11. Well location does not match plat.
_____	_____	3. Operator No. missing/invalid.	_____	_____	12. Treatable water depth missing.
_____	_____	4. Well location missing/invalid.	_____	_____	13. Perforation depths missing.
_____	_____	5. Lease name missing.	_____	_____	14. Information on plug - operator.
_____	_____	6. Well No. missing.	_____	_____	15. Plugging description missing.
_____	_____	7. Plugging date invalid.	_____	_____	16. Plugging contractors name missing.
_____	_____	8. Well type missing/invalid.	_____	_____	17. Information on plug - cementing company
_____	_____	9. Total depth missing/invalid.	_____	_____	18. Other: _____

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant that the facts provided by the operator are true or that the operator has properly plugged the described well.


Signature of District Manager


Field Inspector

NOTIFICATION OF WELL SPUD

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



OTC/OCC Operator Number: 13670-0

API Number: 061-21095

DATE: 09/26/94

Date of Well Spud/Re-Entry: 10/1/94

Name of Operator: SONAT EXPLORATION COMPANY
Address: P.O. BOX 1513
HOUSTON TX 77251

Phone: (713) 940-6943

WELL LOCATION

Lease Name: HAMLIN

Well Number: 2-26

Location: 26-09N-18E
CE2 W2 SE4
HASKELL

Surface Casing Cement by (If Job Completed)

Name: Sharp Well CementingAddress: P. O. Box 99City: Huntington State: ARZip Code: 72940INSTRUCTIONS (PLEASE FOLLOW)PLEASE TYPE OR USE BLACK INK


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

OKLAHOMA CORPORATION
COMMISSION

OCT 10 1994

OIL & GAS CONSERVATION

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


Name Ambrose Schmitz

Title Drilling Superintendent

PERMIT TO DRILL

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 13670-0

API Number: 061-21095

Approval Date: 09/26/94

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

Well Type: OIL/GAS

Well Location: Sec: 26 Twp: 09N Rge: 18E

County: HASKELL Spot Location: CE2 W2 SE4

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: HAMLIN

Well No: 2-26

Operator Name: SONAT EXPLORATION COMPANY

Surface Owner AddressWORN E. & LINDA WARE
14247 CRONESE
APPLE VALLEY CA 92307Operator Return AddressSONAT EXPLORATION COMPANY
200 GARRISON, SUITE 340
FT. SMITH AR 72901

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):

(1) 403SPRO SPIRO

4440

(2) 402WPCCK

WAPANUCKA

4450

(3) 402CMWL CROMWELL

4850

(4) 269HNTN

HUNTON

/LM, GROUP/

5440

Spacing Order Numbers: 172921 385846

Special Orders:

Pending CD Numbers: Location Exception Orders: Increased Density Orders: 385845

Total Depth:	Ground Elevation	Surface Casing:	Depth to base of Treatable Water-Bearing FM:
5600	625	525	475

PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

GAS BASED (AIR DRILLED)

Pit is located in a Hydrologically Sensitive Area.

Category of Pit: 4

Liner not required for Category: 4 PIT

Pit Location is Other HSA.

Pit Location Formation: SAVANNA

Mud System Change to Water-Based or Oil-Based Mud Requires an Amended Intent (Form 1000).

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.

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

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

FORM 1000
Rev. 1990

1. OTC/OCC OPERATOR NUMBER
13670-0

2. API NUMBER
06121095

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

BATCH NUMBER (OCC USE ONLY)
0330 3

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
26	9N	18E	Haskell

Spot Location: W. 1/4 SE 1/4 NW 1/4 SE 1/4 1/4 South line 1320 West line 990

7. Well will be 990 feet from nearest lease, unit or property boundary.

8. LEASE NAME: Hamlin WELL NUMBER: 2-26

9. NAME OF OPERATOR:

Sonat Exploration Company
ADDRESS: 200 Garrison, Ste. 340 PHONE (AC/NUMBER):
CITY: STATE: ZIP CODE:

10. NAME OF SURFACE OWNER: (one only, attach sheet for additional owners)

Worn E. and Linda Ware
ADDRESS: 14247 Cronese
CITY: STATE: CA ZIP CODE: 92307

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

Spiro - 4,440' 4025 PRK
Wapanuka - 4,450' 4025 PRK
Cromwell - 4,850' 4025 PRK
Hunton - 5,440' 2614 PRK

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

Spiro-Wapanuka 172921; Hunton 385846

16. Pending Application C.D. No.

N/A

17. Location Exception Order No.

N/A

18. Increase Density Order No.

385845

19. Total Depth

5,600'

20. Ground Elev.

625.4' MSL

21. Depth to base of treatable water-bearing fm.

475'

22. Surface Casing

525'

23. 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 N/A ppm; average N/A ppm.
D. Is depth to top of ground water greater than 5 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 4 C. Liner Required: ☐ yes ☒ no

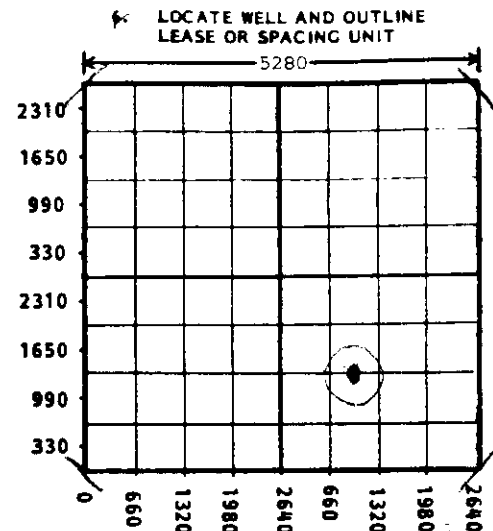
27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (must be completed):

- ☐ 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 _____
☐ F. Haul to commercial soil farming facility; specify site _____
☒ G. Other method; specify Air drill, blooie line flare

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)	DATE
<i>Ambrose Schmitz</i>	Ambrose Schmitz, Drlg Supt.	501-785-2981	9-21-94

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 26
TOWNSHIP 9N
RANGE 18E
WELL NAME Hamlin
WELL NUMBER 2-26

WALK THROUGH

RECEIVED
SEP 23 1994

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:

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 DCC Use Only)

Approved _____ Rejected _____

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

- Intents

- Spacing

- Geology

A. 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

C. Spaced: Spacing Order No.

- Square pattern: 21, 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

D. Location Exception

- Surface hole location different
- Bottom hole location different

E. Pending Application: Spacing/Location Exception

C.D. No.: _____

H.O.M. Date: _____

F. Operator Name different in order No. _____

Name on Order _____

Location Exception/Increase Density/Pooling _____

G. Increase Density/Location Exception _____

Order expired: date _____

H. Outline lease or property boundary lines _____

17294/640

ext 108582 Hunterline

ext 134372 Middle Archa, Virginia

ext 145239 - 200

385846/640

ext 108582 Hunterline

385846/ ext Exp. Co. ID 18-30-14

ext 17294 Spire

ext 108582 Hunterline

Check 279125
45 Energy Walk Thru LTD

\$300.00

Payor: SONET

Case: 000000000

Cashier: FPN

Date: 09/26/1994 Time: 08:55

OKLA CORP COMM RECEIPT 951380047