

OKLAHOMA

# Corporation Commission

P.O. BOX 52000  
OKLAHOMA CITY OKLAHOMA 73152-2000

255 Jim Thorpe Building  
Telephone: (405)521-2302  
FAX: (405)521-3099

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**OIL & GAS CONSERVATION DIVISION**  
**Virginia Hullinger, Interim Director**

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**Thursday, October 4, 2018**

**Multiple Well Transfer Request: 1073MW form**

**From: EARLSBORO ENERGIES CORPORATION (18096)**

**To: SLOAN PETROLEUM SERVICES, INC. (20074)**

**62 wells were transferred.**

**Instructions**

- A. Please type or print using black or blue ink.  
 B. Form must be signed by former operator and new operator.  
 C. Signatories must be listed on their company's Form 1006B.  
 D. Fill in the complete legal description on back page or successive pages.  
 E. Direct questions to Well Records at (405) 521-2271.

OKLAHOMA CORPORATION COMMISSION  
 Oil & Gas Conservation Division  
 Post Office Box 52000  
 Oklahoma City, Oklahoma 73152-2000

This form must be filed with  
 the OCC within 30 days of  
 transfer of the wells.

Form 1073MW  
 Rev. 2018 - Front Page

FEE: \$250.00

Transfer of Operator  
 Multiple Oil and/or Gas Wells  
 OAC 165:10-1-15

OAC 165:5-3-1(b)(1)(O)  
 (SEE BACK PAGE FOR  
 PAYMENT INFORMATION)

10-02-18 email RJ

CURRENT OPERATOR

OCC/OTC No. **18096**

Name **EARLSBORO ENERGIES CORPORATION**

Address **3007 NW 63RD, BLDG B, STE 205**

City **OKLAHOMA CITY** State **OK** Zip **73044**

FAX No./E-mail: **405-840-9419**

I verify that I am the legal operator of record with authority to transfer operatorship of these wells, that the facts presented herein are true and correct, and that I have completed this form and attached all documents as required by the above instructions.

No. of wells listed: **62**  
 (Signatory must be listed on company's Form 1006B Operator's Agreement)

Signature **STEVEN J. CLARK, PRES.** **405-848-2829**

Name & Title (Print or Type) **STEPHAN D. HARRIS** (AC) Phone **1st** day of **October**, 2018

Signature **Stephan D Harris** before me this **1st** day of **October**, 2018

Notary Public  
 Commission Expires: **10-1-2021**

10-02-18 email RJ

NEW OPERATOR

OCC/OTC No. **20074**

Name **SLOAN PETROLEUM SERVICES, INC.**

Address **PO BOX 31030**

City **EDMOND** State **OK** Zip **73003**

FAX No./E-mail: **Roger.Sloan@SloanPetroleumSvc.com**

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

No. of wells listed: **62**  
 (Signatory must be listed on company's Form 1006B Operator's Agreement)

Signature **ROGER A. SLOAN, PRES.** **405-282-5007**

Name & Title (Print or Type) **STEPHAN D. HARRIS** (AC) Phone **1st** day of **October**, 2018

Signature **Stephan D Harris** before me this **1st** day of **October**, 2018

Notary Public  
 Commission Expires: **10-1-2021**

DO NOT WRITE INSIDE THIS BOX

The effective date of transfer is the date that the transfer is approved by the Commission.

Use this form to transfer 10 or more oil or gas wells. Use Form 1073 to transfer single oil and gas wells.

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 wells/leases and cannot be located to obtain a signature. I have attached certified copies of the recorded lease(s) or assignment(s), or certified copies of a journal entry of judgment or bankruptcy proceeding pursuant to OAC 165:10-1-15(b).

Signature

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public

My commission expires: \_\_\_\_\_

**FOR OCC USE ONLY**

	Surety	Approved Date
Well Records Review:	OCT 02 2018 WELL RECORDS APPROVED	OCT 02 2018 WELL RECORDS APPROVED

By processing this Form 1073MW, the Oklahoma Corporation Commission has approved the contents thereof as to form only. The Oklahoma Corporation Commission does not warrant that the facts provided by the operator are true.

Transfer is not effective until approved by the Well Records Department.

If unable to print form correctly, click "Page Layout" and decrease the "Scale" as needed (try 85% first) to print correctly.

Use this form to transfer 10 or more oil or gas wells. Use Form 1073 to transfer single oil or gas wells.

Print this form in "Landscape" (wide) (horizontal) orientation only.

OCC USE	8-Digit API Number (NO DASHES) (NO SUFFIXES) (NO SPACES)	Well Name (UPPER CASE letters only)  (ALL CAPS)	Well # (letters: UPPER CASE)  (ALL CAPS)	Well Class: (OIL, GAS or DRY)	Well Status: (ND, SP, AC, TA or TM)	SEC	TWP (i.e. 02N)	RGE (i.e. 05E)	CM? if not, leave blank.	Qtr	Qtr	Qtr	Qtr	COMMENTS
PRINT THESE FORMS IN "LANDSCAPE" (WIDE) (HORIZONTAL) ORIENTATION ONLY. FAILURE TO COMPLY WILL RESULT IN YOUR FORM BEING REJECTED.														
DO NOT OMIT ANY BORDER LINES -- THEY ARE CRUCIAL TO THE PROCESSING OF YOUR FORM. FAILURE TO COMPLY WILL RESULT IN YOUR FORM BEING REJECTED.														
	00320237	BALDWIN	1-35	GAS	AC	35	25N	11W			NW	SW	NE	
	00320275	BALDWIN	2-26	GAS	AC	26	25N	11W			NW	SE		
	00321807	BUCK	1-25	GAS	AC	25	25N	11W		N2	N2	N2	SW	
	00321809	MEANS	2-27	GAS	TA	27	25N	11W		N2	N2	N2	SE	
	00321818	HODGDEN	1-7	GAS	AC	07	23N	12W		NW	NE	SW	SE	
	00321827	LUCILLE	1-8	OIL	AC	08	23N	12W				N2	NW	
	00321850	REBA	1-8	OIL	AC	08	23N	12W		N2	S2	NW	SW	
	00321863	DORIS	1-5	OIL	AC	05	23N	12W		N2	N2	S2	NE	
	00321872	FERN	1-18	GAS	AC	18	23N	12W				SE	NE	
	00321888	BETTY	1-17	GAS	AC	17	23N	12W		SE	NW	NW	NW	
	00321902	CHARLIE	1-4	GAS	AC	04	23N	12W		N2	S2	NE	SE	
	01123118	BOECKMAN	A 1-20	GAS	AC	20	18N	11W		N2	S2	N2	SE	
	05122546	JOHNSON	1-30	GAS	AC	30	09N	08W		NW	NE	SW	SW	
	05322466	OLMSTEAD TRUST	1-7	GAS	AC	07	28N	06W			SE	NW	NE	
	05322539	COULTER	1	GAS	AC	07	28N	06W				NE	NW	
	05322635	COULTER	2	GAS	AC	07	28N	06W			S2	NW	NW	
	05921035	DORIS	37-515	OIL	AC	06	26N	21W		NE	NE	SW	NE	
	06120242	EAKLE HU	1-7	GAS	AC	07	08N	18E					NW	
	06121084	COUCH	2-6	GAS	AC	06	08N	18E			SW	SE	NW	
	06121101	EAKLE	3-7	GAS	AC	07	08N	18E		NE	NW	SE	NW	
	06121133	COUCH	3-6	GAS	AC	06	08N	18E			NE	SW	NE	
	06121186	COUCH	4-6	GAS	AC	06	08N	18E			SW	NE	SW	
	06121460	EAKLE	4-7	GAS	AC	07	08N	18E				N2	SE	

(13)

OCC USE	8-Digit API Number (NO DASHES) (NO SUFFIXES) (NO SPACES)	Well Name (UPPER CASE letters only)  (ALL CAPS)	Well # (letters: UPPER CASE)  (ALL CAPS)	Well Class: (OIL, GAS or DRY)	Well Status: (ND, SP, AC, TA or TM)	SEC	TWP (i.e. 02N)	RGE (i.e. 05E)	CM? if not, leave blank.	Qtr	Qtr	Qtr	Qtr	COMMENTS
X	06121463	COUCH	5-6	GAS	AC	06	08N	18E			SE	NW	SE	
X	09300005	MCKEE	1-1	OIL	AC	01	21N	14W		NW	SE	SW	NE	
X	09323195	EWBANK	1-10	GAS	AC	10	22N	14W				S2	SE	
X	09324628	DONNA	1-11	OIL	AC	11	21N	14W		SE	NW	SE	NE	
X	12120353	BROWN, FREDDIE	1-9	GAS	AC	09	07N	17E					NE	
X	12120405	MOODY	1	GAS	TA	17	07N	17E				SW	SE	
X	12120414	FEATHERSTON, CLARA	1-15	GAS	TA	15	07N	17E				SE	SW	
X	12120416	BROWN, FREDDIE	1-10	GAS	AC	10	07N	17E			N2	S2	NW	
X	12120505	TIMMERMAN, RACHEL	1-15	GAS	AC	15	07N	17E				SE	NE	
X	12120535	MONKS	1-14	GAS	TA	14	08N	17E					SW	
X	12120552	STARR	1-15	GAS	AC	15	08N	17E					SE	
X	12120572	BASNEN, NITA	1-11	GAS	AC	11	08N	17E					SE	
X	12120590	CHAPIN	1-16	GAS	AC	16	08N	17E					SE	
X	12120597	EAKLE M G	1-12	GAS	TA	12	08N	17E					NE	
X	12120762	MONKS	2-14	GAS	TA	14	08N	17E					SE	
X	12120770	STARR	2-15	GAS	AC	15	08N	17E					SW	
X	12122572	REYNOLDS	1-9	GAS	AC	09	07N	17E					NW	
X	12122694	BASNEN, NITA	2-11	GAS	AC	11	08N	17E		E2	E2	W2	SE	
X	12922450	ALLEN RANCH	1-11	GAS	AC	11	16N	22W		NW	SW	NW	SE	
X	12922712	ALLEN RANCH	2-11	GAS	AC	11	16N	22W		NW	SW	NE	NW	
X	15100050	HESS	1-33	OIL	AC	33	23N	13W				NE	NW	
X	15120356	BECKWITH	1-26	OIL	AC	26	23N	13W				SE	NE	
X	15122374	HURST	1-25	OIL	AC	25	23N	13W				SW	NW	
X	15122509	HURST	2-25	GAS	AC	25	23N	13W			E2	W2	SW	
X	15122584	BECKWITH TRUST	1-23	OIL	AC	23	23N	13W			SE	SE	SE	

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Form 1073MW, Page 3 of 101

[illegible]

## Romonda James

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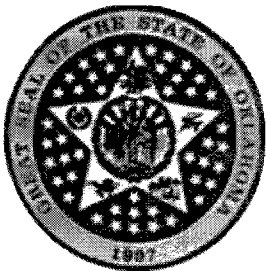
**From:** Romonda James  
**Sent:** Tuesday, October 02, 2018 12:16 PM  
**To:** 'rsloan@eec-cpi.com'  
**Cc:** 'Roger Sloan'  
**Subject:** Well Transfers  
**Attachments:** 20181002121437584.pdf

To Whom It May Concern,

We have approved the transfer of the well listed from EARLSBORO ENERGIES CORPORATION (18096) to SLOAN PETROLEUM SERVICES, INC. (200474).

Images of the approved forms will be available online in the next few days

Sincerely,  
Romonda James  
Administrative Assistant  
Oklahoma Corporation Commission  
Well Records Section  
Phone: 405.521.2248  
[r.james@occcemail.com](mailto:r.james@occcemail.com)  
[Oklahoma Corporation Commission](#)



## 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: 10905-0

API Number: 061-21460

DATE: 09/26/2000

Date of Well Spud/Re-Entry: 10/21/00

Name of  
Operator: AGATE PETROLEUM, INC.  
Address: 15 WEST 6TH, STE. 1301  
TULSA OK 74119

Phone: (918) 585-9016

WELL LOCATION

Lease Name: EAKLE

Well Number: 4-7

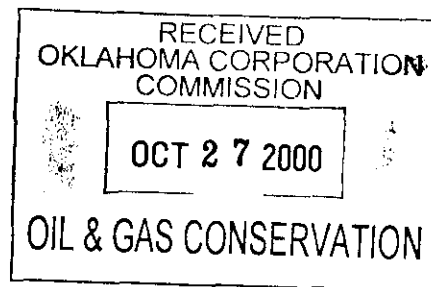
Location: 7-08N-18E  
CN2 SE4  
HASKELL

## Surface Casing Cement by (If Job Completed)

Name: Sharp Well Cementing, Inc.  
Address: PO Box 99  
City: Huntington State: AR  
Zip Code: 72940

INSTRUCTIONS (PLEASE FOLLOW)PLEASE TYPE OR USE BLACK INK

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



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

E L Sunde  
Name

Vice President  
Title





API NO.	D81-21460
OTC PROD. UNIT NO.	

Rule 165-10-3-25  
X ORIGINAL  
AMENDED  
Reason Amended \_\_\_\_\_

**COMPLETION REPORT**  
**OKLAHOMA CORPORATION COMMISSION**

Oil & Gas Conservation Division  
Post Office Box 52000-2000

Oklahoma City, Oklahoma 73152-2000

101092005

Form 1002A

Rev. 1096

**PLEASE TYPE OR USE BLACK INK ONLY**

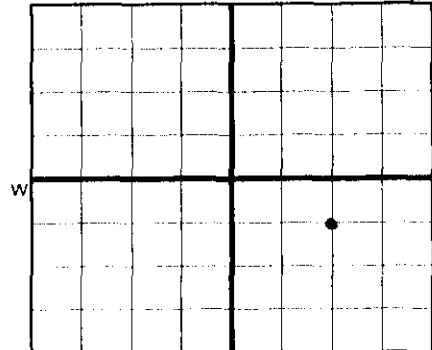
**NOTE:** Attach copy of original 1002A if recompletion or reentry

**TYPE OF DRILLING OPERATION**

X STRAIGHT HOLE \_\_\_\_\_ DIRECTIONAL HOLE \_\_\_\_\_ HORIZONTAL HOLE \_\_\_\_\_

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

COUNTY	SEC	TWP	RGE
Haskell	7	8N	18E
LEASE NAME	WELL NO.		
Eakle	4-7		
SHL			
1/4	1/4 N	1/2 SE	1/4
1980 FSL	1320 FWL	OF 1/4 SEC	
ELEVATION	SPUD DATE		
Derrick Ft 725'	Ground 715'	10/21/2000	
DRLG FINISHED	WELL COMPLETION		
10-27-00	12-8-00		
1ST PROD DATE	RECOMP DATE		
11-30-00			



LOCATE WELL

OPERATOR NAME	OTC/OCC OPERATOR NO
Agate Petroleum, Inc.	10905-0
ADDRESS	
15 W. 6th St, Suite 1301	
CITY	STATE
Tulsa	OK
	ZIP
	74119-5458

**COMPLETION TYPE**

X	SINGLE ZONE
	MULTIPLE ZONE ORDER NO.
	COMMINGLED ORDER NO.
	LOCATION EXCEPTION ORDER NO.
	INCREASED DENSITY ORDER NO
	443769
	PENALTY

**OIL OR GAS ZONES**

FORMATIONS	TOP	BOTTOM
Cromwell	5659	5728

**CASING & CEMENT (Form 1002C must be attached)**

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor	13 3/8"			30		2 1/2 yds.		Surface
Surface	8 5/8"	32#B24#	J	1735'		600		Surface
Intermediate								
Production	4 1/2"	11.6#	J	5806'		250	1108'	4700'
Liner								

PACKER ② 5620' BRAND & TYPE \_\_\_\_\_ TOTAL DEPTH 5808

PLUG ② \_\_\_\_\_ TYPE \_\_\_\_\_

FORMATION	Cromwell
SPACING & SPACING	
ORDER NUMBER	139561 - 640
CLASS: Oil, Gas, Dry, Gas	
Inj. Disp. Comm Disp.	
PERFORATED INTERVALS	5660-5716'
ACID/VOLUME	2500 gals.
Fracture Treated?	Yes
Fluids Amounts	80,000 gals. 70/30 foam; 76,000 \$ 20-40 sand

**INITIAL TEST DATA**

INITIAL TEST DATE	12-8-00
OIL-BBL/DAY	
OIL-GRAVITY ( API)	
GAS-MCF/DAY	600
GAS-OIL RATIO CU FT/BBL	
WATER-BBL/DAY	
PUMPING OR FLOWING	Flowing
INITIAL SHUT-IN PRESSURE	350 psig
CHOKE SIZE	32/64"
FLOW TUBING PRESSURE	112 psig

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.

Thomas E. Stanton, President

SIGNATURE NAME (PRINT OR TYPE)

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

1/2/2001 918-585-9016  
DATE PHONE NUMBER

PLEASE TYPE OR USE BLACK INK ONLY

FORMATION RECORD

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

LEASE NAME

Eagle

WELL NO.

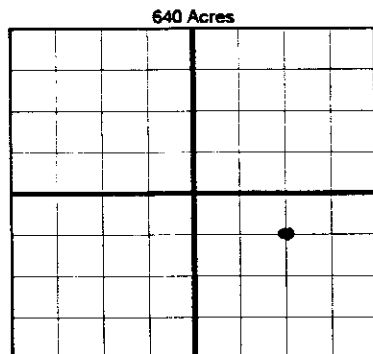
4-7

NAMES OF FORMATIONS	TOP	BOTTOM
Hartshorne	1878'	2035'
Atoka Sand	3894'	3985'
Spiro Sand	5267'	5280'
Wapanucka Lime	5287'	5303'
Union Valley Lime	5645'	5657'
Cromwell Sand	5659'	5728'

FOR COMMISSION USE ONLY	
APPROVED <i>[Signature]</i>	DISAPPROVED
1) ITD Section	
a) No Intent to Drill on file	
1) Send warning letter	
2) Recommend for contempt	
2) Reject Codes	
06L-21460	

Were open hole logs run?	X yes	no
Date Last log was run	10/26/2000	
Was CO <sub>2</sub> encountered?	yes	X no at what depths?
Was H <sub>2</sub> S encountered?	yes	X no at what depths?
Were unusual drilling circumstances encountered?	yes	X no
If yes, briefly explain.		

Other remarks:



BOTTOM HOLE LOCATION

SEC 7	TWP 8N	RGE 18E	COUNTY HASKELL
Spot Location C 1/2 SE 1/4 1/4 1/4			Feet From Quarter Section Lines 1980 FSL 1320 FWL
Measured Total Depth 5810'		True Vertical Depth 5810'	BHL From Lease, Unit, or Property Line: 1980' FSL & 1320' FWL

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

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

DRAINHOLE #2

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

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.

## APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000  
REV 1996

## 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 (OCC USE ONLY)

00250207

1. OTO/OCC OPERATOR NUMBER 10905
2. API NUMBER 06121460

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)  
☒ DRILL ☐ RECOMPLETE ☐ REENTER ☐ DEEPEN ☐ AMEND - REASON

NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.

4. TYPE OF DRILLING OPERATION &gt;&gt;&gt;&gt;&gt;&gt;&gt;&gt; (NOTE: If directional or horizontal, see reverse side for bottom hole location)

A. ☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE  
 B. ☒ OIL/GAS ☐ INJECTION ☐ DISPOSAL ☐ WATER SUPPLY

## 5. WELL LOCATION:

SECTION 7	TOWNSHIP 8N	RANGE 18E	COUNTY Haskell
SPOT LOCATION: 1/4 1/4 C-N2 SE 1/4		FEET FROM QUARTER SECTION LINES 1980' 1320'	
7. Well will be 1320 feet from nearest unit or property boundary.			
8. LEASE NAME: Falde		WELL NUMBER: 4-7	
9. NAME OF OPERATOR: Agate Petroleum, Inc.			
ADDRESS: 15 W. 6th Street, Suite 1301		PHONE (A/C NUMBER): (918) 585-9016	
CITY: Tulsa	STATE: OK	ZIP CODE: 74119-5458	

10. SURFACE OWNER (see only, attach sheet for additional owners)

ADDRESS: 56 Bayview Lane		STATE: WA	ZIP CODE: 98368
CITY: Port Townsend			

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

1) Hartshorne	1890'	403 HRSR
2) Dirty Creek (Middle Atoka) & Spiro Lower Atoka	3790'	403 DC ATM
3) Wapanucka	5120'	402 WACK
4) Cromwell Sand	5550'	402 CMWL
5) BASAL ATOKA	5098'	403 ATKAA

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

16. PENDING APPLICATION C.D. NO. 139561	17. LOCATION EXCEPTION ORDER NO. 640 acres	18. INCREASED DENSITY ORDER NO. 443769	OCC USE ONLY
19. TOTAL DEPTH 5800'	20. GROUND ELEV. 708'	21. DEPTH TO BASE OF TREATABLE W. 3500 DAN	22. SURFACE CASING USED? Yes

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

A. Cement will be circulated from total depth to ground surface on the production casing string.  
 B. Cement will be circulated from depth to depth by use of a two stage cementing tool.  
 If yes, fill out line 25.2 on top reverse side.

25.1. PIT INFORMATION: Using more than one pit or dual systems? If yes, fill out line 25.2 on top reverse side.

A. Type of mud system: ☒ WATER BASE ☐ OIL BASED ☐ GAS BASED (AIR DRILL)  
 B. Expected mud chloride content: maximum: 2000 ppm; average: 1000 ppm  
 C. Type of Pit System: ☒ on-site, ☐ off-site, ☐ above, 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

25.2. OFFSITE PIT # ☒ Y ☐ N

26.1. OCC USE ONLY		A. Category: 1A 1B 3 4		B. Pit Location: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other HSA		C. Special area or field rule? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		D. DEEP SCA? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Yield > 50 E. FBL required? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		F. SOIL or GEOMEMBRANE LINER REQUIRED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		G. GEOMEMBRANE LINER REQUIRED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
--------------------	--	------------------------	--	---	--	--	--	--	--	---	--	---	--

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

- ☒ A. Evaporation/ dewater and backfilling of reserve pit.  
☐ B. Solidification of pit contents.  
☐ C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation.)  
☐ D. One time land application (REQUIRES PERMIT) PERMIT #  
☐ E. Haul to Commercial pit facility, Specify site:  
☐ F. Haul to Commercial soil farming facility, Specify site:  
☒ G. Haul to recycling/re-use facility, Specify site:  
☐ H. Other, Specify:

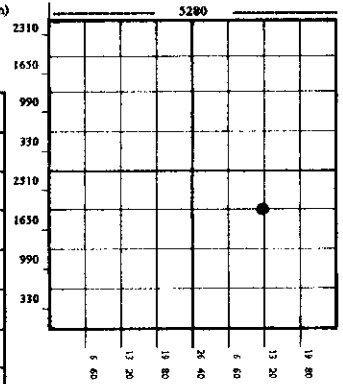
I hereby certify I am authorized to submit this two page application prepared by me or under my supervision.  
 The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

SIGNATURE E.L. Snider	NAME (Print or Type) E. L. Snider	PHONE (A/C NUMBER) (918) 585-9016	DATE 9/20/2000
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NOTICE: Approval is void if operations have not commenced within six months of the date of approval. An approved permit must be posted at the location during drilling and completion operations.

File the Form 1001A, Spud Report, within fourteen days of commencement of operations.

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



7  
8N  
18E  
4-7

# 25.3. PIT INFORMATION - PIT #2

PIT #2

- A. Type of mud system: WATER BASE OIL BASED GAS BASED(AIR DRILL)  
 B. Expected mud chloride content: maximum ppm average ppm  
 C. Type of Pit System: on-site off-site closed If off-site, specify location:  
 D. Is depth to top of ground water greater than 10 ft below base of pit? Y N  
 E. Within 1 mile of municipal water well? Y N OPPOSITE PIT #  
 F. Wellhead Protection Area Y N

24.2. OCC USE ONLY

A. Category 1A 1B 2 3 4 7m

B. Pit Location: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other BSA Non-BSA

C. Special area or field rule? Deep SCA? Y N Y=44 > 50

E. SOIL or GEOMEMBRANE LINER REQUIRED? Y N GEOMEMBRANE LINER REQUIRED? Y N 30 mil 30 mil

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

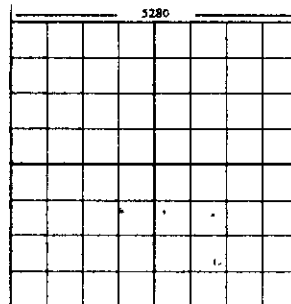
Measured Total Depth True Vertical Depth End point location from lease, unit or property line:

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:



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.

## 31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

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

1. This well( X 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 ( N/A 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

No Water Wells Found

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. SURVEY

- A. NONE filed
- B. EXPIRED: Date 3-3-01
- C. OUTSTANDING COMPTENT 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
3. Rectangular slot pattern: 5, 20, 80, 320

Prior to 1971 (Y, N) BUILD

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

DO NOT WRITE INSIDE THIS BOX

9/26/00

179561/640 U. BARNER IL. BARNER  
 W. S. BARNER, D. R. BARNER (M. A. BARNER)  
 Munster, Indiana, W. A. BARNER  
 C. BARNER 12 176577

142677/640 BARNER ARK

443769 10. ALGAR PET. INC.

C. BARNER 12 179561

(ANY OTHER)

8/15/00

\$100.00

35555

ADAR PETROLEUM

0000000000

CASHIER: SEN

DATE: 09/25/2000 TIME: 11:10

RECEIPT 01730015

PERMIT TO DRILL

OTC/OCC Number: 10905-0

## OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

API Number: 061-21460

Approval Date: 09/26/2000  
Expiration Date: 03/26/2001

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

County: HASKELL Spot Location: CN2 SE4

Feet From: SOUTH 1/4 Section Line 1980 Feet From: WEST 1/4 Section Line 1320

Lease Name: EALDE

Well Type: OIL/GAS

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

Well No: 4-7

Feet from the nearest lease line: 1320

Operator Name: AGATE PETROLEUM, INC.

TELEPHONE: (918) 585-9016

Surface Owner Address

CHARLEY &amp; RETA SHELTON

56 BAYVIEW LANE

PORT TOWNSEND WA 98368

Operator Return Address

AGATE PETROLEUM, INC.

15 W 6TH STREET, STE 1301

TULSA OK 74119

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

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

(1) 404HRSR	HARTSHORNE	1880	(2) 403DCATM	DIRTY CREEK (MID ATOKA)	3790
(3) 402WPCK	WAPANUCKA	5120	(4) 402CMWL	CROMWELL	5550
(5) 403ATKBA	ATOKA BASAL	5098			

Spacing Order Numbers: 339561

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:
		443769	5800	708	1740	350

## PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 2000 PPM; Average 1000 PPM

Pit is not located in a Hydrologically Sensitive Area.

Category of Pit: 2

Liner not required for Category: 2 PIT

Pit Location is NON-HSA.

Pit Location Formation: BOGGY

Surface Casing Affidavit, Yield Greater Than 50: NO

Approved Method for disposal of Drilling Fluids:

Evaporation/Dewater and Backfilling of 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 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.

API No. 061-21460
OTC/OCC Operator No. 10905-0

**CEMENTING REPORT**  
To Accompany Completion Report

Form 102C  
Rev. 1988

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name NW Quinton	OCC District 4
*Operator Agate Petroleum	OCC/OTC Operator No 10905-0
*Well Name/No. Eakle # 4-7	County Haskell
*Location 1/4 C 11/2 SE 1/4	Sec 7 Twp 08N Rge 18E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production Casing	Liner
Cementing Date		10-23-00				
*Size of Drill Bit (Inches)		11 in.				
*Estimated % wash or hole enlargement used in calculations		50 %				
*Size of Casing (inches O.D.)		8-5/8 in.				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		1735 ft.				
Type of Cement (API Class)		H				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used		600				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft.) (14.X15.)		660 c.ft.				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		1735 ft.				
Cement left in pipe (ft)		40 ft.				

\*Amount of Surface Casing Required (from Form 1000) 1735 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.

OCT 27 2000

Remarks

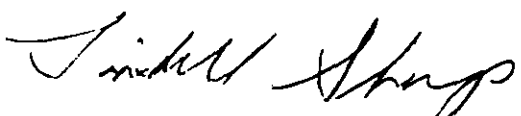
12 Bls. Cement Returns

OKLA. Permit # 589

Remarks

**CEMENTING COMPANY**

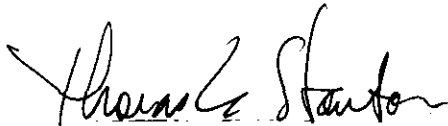
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct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



Signature of Cementer or Authorized Representative

**OPERATOR**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.



Signature of Operator or Authorized Representative

Name & Title Printed or Typed

Lindell Sharp , Owner / Cementer

Cementing Company

Sharp Well Cementing, Inc,

Address

P. O. Box 99

City

Huntington

State Zip

AR. 72940

Telephone (AC) Number

501-996-2500

Date

10-23-2000

Name & Title Printed or Typed

Thomas E. Stanton, President

Operator

Agate Petroleum, Inc.

Address

15 W. 6th Street, Suite 1301

City

Tulsa

State Zip

OK 74119-5458

Telephone (AC) Number

918-585-9016

Date

1/2/01

# 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 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.
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 CORPORATION COMMISSION RULES.

API No 061-21460
OTC/OCC Operator No. 10905-0

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
Rev 1996

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report. (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name NW Quinton	OCC District 4
*Operator Agate Pet.	OCC/OTC Operator No. 10905-0
*Well Name/No. Eakle #4-7	County Pittsburg
*Location C 1/4 N/2 XX SE 1/4 1/4	Sec 7 Twp 8N Rge 18E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					10-27-00	
*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					5816'	
Type of Cement (API Class)					Poz	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used					250	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14 X15.) in first (lead) or only slurry					322	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					1119'	
Cement left in pipe (ft)					46'	

*Amount of Surface Casing Required (from Form 1000)	1735 ft.
---	----------

*Was cement circulated to Ground Surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	*Was Cement Staging Tool (DV Tool) used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
*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

Remarks

### CEMENTING COMPANY

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

  
Signature of Cementer or Authorized Representative

### OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

  
Signature of Operator or Authorized Representative

#### Name & Title Printed or Typed

Joe Smith - President  
Cementing Company

Oklahoma Oilwell Cementing Company, Inc.

#### Address

P.O. Box 967

#### City

Cushing,

#### State

Oklahoma

#### Zip

74023

#### Telephone (AC) Number

(918) 225-3040

#### Date

10-30-00

#### Name & Title Printed or Typed

Thomas E. Stanton, President

#### Operator

Agate Petroleum, Inc.

#### Address

15 W. 6th Street, Suite 1301

#### City

Tulsa

#### State

OK

#### Zip

74119-5458

#### Telephone (AC) Number

(918) 585-9016

#### Date

1/2/01

### 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.  
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C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
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 CORPORATION COMMISSION RULES.

PCN: C127158GL3  
RUN DATE/TIME: 06/01/2005 16:42:14

OKLAHOMA CORPORATION COMMISSION  
OIL AND GAS WELL RECORDS DEPARTMENT

PAGE: 10  
AS OF DATE: 06/01/2005

TRANSFER OF OWNERSHIP UPDATE WELL INFORMATION

BATCH ID: 50517  
SEQUENCE NUMBER: 0110

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: 05/26/05

OLD OPERATOR NUMBER: 109050  
NAME: AGATE PETROLEUM INC  
ADDRESS: 15 W 6TH ST STE 1301

TULSA OK 74119  
TELEPHONE NUMBER: 9185859016

\*\*\*\*\* API NUMBER: 061-21460 \*\*\*\*\*

OTC PROD UNIT: 000 00 00000 WELL CLASSIFICATION: GAS  
LEGAL DESCRIPTION: 07 08N 18E CN2 SE4  
COUNTY NAME: HASKELL  
WELL LEASE NAME: EAKLE  
WELL NUMBER: 4-7  
PRODUCTION FORMATION(S) AND CLASSIFICATION:

MAY 26 2005

WDMS

## 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

802260651

Form 1073  
 Rev. 2001

## Transfer of Operator

OAC 165:10-1-15

API No. 3506121460 OTC Prod. Unit No. 061-56235

Location 1/4 1/4 1/4 SE 1/4 Sec. 7 Twp. 8N Rge. 18E

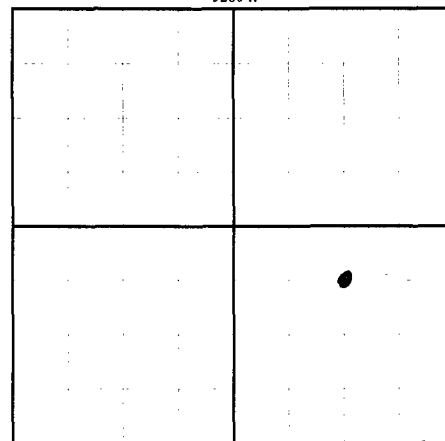
Ft FSL of Qtr Sec 1980' Ft FWL of Qtr Sec 1320 - 1980' County Haskell

Current Well Name/No. H U Eakle 4-7

Original Well Name/No. H U Eakle 4-7

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 \_\_\_\_\_ 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 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. 918.488.0105

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

Signature James Trainor

Name & Title (Typed or Printed) James Trainor, Business Dev.

Signed and sworn to before me this January day of 2008

Betty Nodge Notary Public  
 My commission expires: 11-22-2011

## 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 Don Anderson

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

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

JANA A. CHARLESWORTH Notary Public  
 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 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 MAR 05 2008

Well Records Dept. ☒ Approved ☐ Rejected Date MAR 05 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.

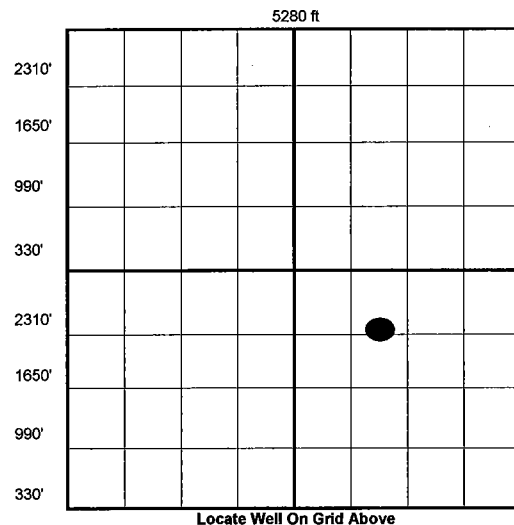
**OKLAHOMA CORPORATION COMMISSION**

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

Form 1073  
 Rev. 2009

**Transfer of Operator**  
 OAC 165:10-1-15

API No <b>35-0 6121460</b>		OTC Prod. Unit No. <b>061-56235</b>	
Location <b>1/4 1/4 1/4 SE 1/4</b>		Sec. <b>7</b>	Twp <b>8N</b> Rge. <b>18E</b>
Ft FSL of Qtr Sec <b>1980'</b>	Ft FWL of Qtr Sec <b>1320'</b>	County <b>Haskell</b>	
Current Well Name/Number <b>H U Eakle 4-7</b>			
Original Well Name/Number <b>H U Eakle 4-7</b>			
Unit Name (if applicable)			



Well Class: ☐ OIL ☒ GAS ☐ DRY

Producing formation(s) **Cromwell**

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.

<b>CURRENT OPERATOR</b>		OCC No. <b>22224-0</b>
Name <b>Abraxas Petroleum Corporation</b>		
Address <b>18803 Meisner Dr.</b>		
City <b>San Antonio</b>	State <b>TX</b>	Zip <b>78258</b>
Phone No. <b>(210) 490-4788</b>	FAX No./E-mail <b>(210) 490-8837</b>	
I verify that I am the legal operator of record with authority to transfer operatorship of this well.		
Signature		
Name & Title (Typed or Printed) <b>Geoffrey King, Vice President/CFO</b>		
Signed and sworn to before me this <b>29</b> day of <b>February</b> , <b>2013</b> .		

<b>NEW OPERATOR</b>		OCC No. <b>18096</b>
Name <b>Earlsboro Energies Corp</b>		
Address <b>3007 NW 63rd St. #B-205</b>		
City <b>Oklahoma City</b>	State <b>OK</b>	Zip <b>73116</b>
Phone No. <b>405-840-9419</b>	FAX No./E-mail	
I verify that I am the legal operator of record with authority to transfer operatorship of this well.		
Signature		
Name & Title (Typed or Printed) <b>Steven J Clark, President</b>		
Signed and sworn to before me this <b>13</b> day of <b>March</b> , <b>2013</b> .		

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 \_\_\_\_\_, \_\_\_\_\_.

Notary Public

My commission expires: \_\_\_\_\_

**FOR OCC USE ONLY**

Surety Dept. ☒ Approved ☐ Rejected Date **APR 16 2013** Well Records Dept. ☒ Approved ☐ Rejected Date **APR 16 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.

**255.40**