

405199410

Form 1002/1003C
(Rev 1993)TYPE OR USE BLACK INK
See Reverse
for InstructionsOKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993

API No. 063-23216		PLUGGING RECORD OAC 165.10-11-7	
Lease Name/No.: RANKEL F-7			
Location: C 1/4SW 1/4NW 1/4SW 1/4		Total Depth: 3493	
Sec: 7	Twp: 9N	Rge: 12E	County: HUGHES
Ft. from 1/4 sec.		FSL	FWL
Well Class. GAS		Plugging Date: 3-22-94	
Treatable Water Depth: 175			

Operator

Locate Well on Grid

Name: DEKA EXPLORATION - INC	OCC/OTC No.: 17408-0
Address: P.O. Box 14057	Phone: 405-749-0004
City: OKLAHOMA CITY	State: OKLA Zip: 73113

Pipe Record

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8	320	-0-	Surface
			I. C.
			I. C.
4 1/2	3100	2320	P. C.
			Lnr

Perforation Depths

Set 1 - From 2716 To 2722
 Set 2 - From 2738 To 2742
 Set 3 - From 2986 To 2996
 Set 4 - From 3000 To 3000

RECEIVED
 MAY 18 1994

Plug	Type of Plug	Size Hole or Pipe of Placement	Depth	No. Sacks Cement	Slurry Volume	Calculated Plug Depth	Measured Plug Depth	Top of Tagged
1	C.I.B.P.	4 1/2 PIPE	2950	2	2.36		2930	
2	CEMENT	2 1/2 PIPE	2742	25	29.5		2518	
3	CEMENT	7 7/8 Hole + 8 5/8 P.O.E	420	80	94.4	220	0	
4	CEMENT	8 5/8 PIPE	33	10	11.8		31	
5							1	

Remarks: Surface pipe cut off 3' below ground level with I.P. plate welded on.
Reason for Plugging.

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: Tommy Cooper	Name & Title Typed: Tommy Cooper		
Co. Name: Cooper Oilfield Services Inc	Permit No. 136	Date: 3-22-94	Phone: 405-332-3250
Address: P.O. Box 1179	City: Ada	State: OKLA	Zip: 74820

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: James L. Mondak	Date: 5-13-94

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

001516

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

Henry Murphy
Signature of District Manager

Darrel Whitton
Field Inspector

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORTAPI NO 063-23216
OTC/OCC OPERATOR NO.
17408OKLANDMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
OAC 165 10-3-4(h)

003294

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	<u>W. Dustin</u>	*O C C. District	<u>4</u>
*Operator	<u>DEKA EXPL.</u>	*County	<u>HUGHES</u>
*Lease Name	<u>RANKEL</u>	*Well Number	<u>1-7</u>
*Locations:	<u>1/4 SW 1/4 NW 1/4 SW 1/4</u>	Sec	<u>7</u>
		Twp	<u>9N</u>
		Rge.	<u>12E</u>

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date					<u>1022-93</u>	
*Size of Drill Bit (inches)					<u>7 7/8"</u>	
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O D)					<u>4 1/2"</u>	
*Top of Liner (if liner used) (ft)						
*Setting Depth of Casing (ft) from ground level					<u>3100'</u>	
Type of Cement (API Class) In first (lead) or only Slurry					<u>Premium</u>	
In second Slurry						
In third Slurry						
Sacks of Cement Used In first (lead) or only Slurry					<u>190</u>	
In second Slurry						
In third Slurry						
Vol of Slurry pumped (Cu ft) (14 X15) In first (lead) or only Slurry					<u>209</u>	
In second Slurry						
In third Slurry						
Calculated Annular Height of Cement behind Pipe (ft)					<u>600</u>	
Cement left in pipe (ft)					<u>42</u>	

*Amount of Surface Casing Required (from Form 1000)	<u>305</u>	ft.
*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) Used? <input type="checkbox"/> Yes <input 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 <div style="font-size: 1.2em; font-family: cursive;">HAD GOOD CIRC THROW JOBS.</div>	Remarks <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; transform: rotate(-90deg); transform-origin: center;">CORPORATION COMMISSION</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; transform: rotate(-90deg); transform-origin: center;">MAR 04 1994</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; transform: rotate(-90deg); transform-origin: center;">003294</div> </div>
CEMENTING COMPANY	OPERATOR
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.	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.
<div style="font-size: 1.2em; font-family: cursive;">W L Kutzmiller</div>	<div style="font-size: 1.2em; font-family: cursive;">James L. Nondorf</div>
Signature of Cementer or Authorized Representative	*Signature of Operator or Authorized Representative
<div style="font-size: 1.2em; font-family: cursive;">W L Kutzmiller Cementer</div>	James L. Nondorf, President
Name of Person and Title (Type or Print)	*Name of Person and Title (Type or Print)
<div style="font-size: 1.2em; font-family: cursive;">Halliburton</div>	DEKA Exploration, Inc.
Cementing Company	*Operator
<div style="font-size: 1.2em; font-family: cursive;">RT1 BOX 12</div>	P.O. Box 14057
Street Address or P O Box	*Street Address or P O Box
<div style="font-size: 1.2em; font-family: cursive;">Bristow OK 74000</div>	Oklahoma City, OK 73113
City State Zip	*City State Zip
<div style="font-size: 1.2em; font-family: cursive;">918 367 3363</div>	405-749-0004
Telephone (AC) Number	*Telephone (AC) Number
<div style="font-size: 1.2em; font-family: cursive;">10-22-93</div>	2/25/94
Date	*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.

API NO 063-23216
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

40304023

Form 1002A
Rev. 1992

COMPLETION & TEST DATA BY PRODUCING FORMATION

1 403 GLCR 2 403 GLCR 3

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. Hughes	SEC 7 TWP 9N RGE 12E
LEASE NAME: Rankel	WELL NO 1-7
SHL: SW1/4 NW1/4 SW 1/4 1650 FSL 330' FWL OF 1/4 SEC	
BHL 1/4 1/4 1/4 FSL FWL OF 1/4 SEC	
ELEVATION Derrick Fl 917' Ground 911' SPUD DATE 10/13/93	
DRILLING FINISHED 10-22-93	WELL COMPLETION

ST PROD DATE	RECOMP DATE
OPERATOR NAME DEKA Exploration, Inc.	OTC/OCC OPER NO 17408
ADDRESS P.O. Box 14057	
CITY Oklahoma City	STATE OK ZIP 73113

COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE ORDER NO.
<input type="checkbox"/> COMINGLED ORDER NO
LOCATION EXCEPTION ORDER NO
INCREASED DENSITY ORDER NO
PENALTY

OIL OR GAS ZONES

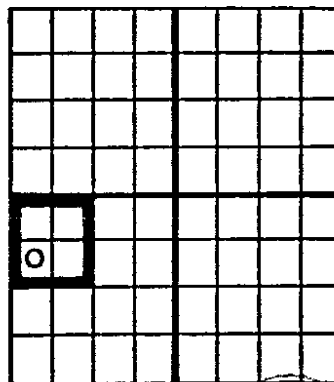
FORMATIONS	TOP	BOTTOM

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	8 5/8"			320'		255	Surf	Surf
Intermediate								
Production	4 1/2"	10.5		3100'		190	3050	2382'
Liner								

Packer # _____ Brand & Type _____ TOTAL DEPTH 3493'

_____, _____ Type _____



LOCATE WELL



FORMATION	L Gilcrease	U. Gilcrease
SPACING & SPACING ORDER NUMBER	43310 317596	43310 31756
CLASSIFICATION Oil, Gas, Dry, Inj	Dry	Dry
PERFORATED INTERVALS	2986'-96'	2716'-22'
ACID/VOLUME	2000 Gal 7 1/2% FE-HCL	000 gal 7 1/2%
Fracture Treated*	3 gal Lo-Surf 300	FE-HCL; 1 gal
Fluids Amounts		Lo Surf 300

INITIAL TEST DATA

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.

SIGNATURE <i>James L. Nondorf</i>	NAME (PRINT OR TYPE) James L. Nondorf
ADDRESS P.O. Box 14057	CITY Oklahoma City, OK
DATE 2/25/94	STATE OK
	ZIP 73113
	PHONE NUMBER 405-749-0001

FORMATION RECORDS

LEASE NAME RANKEL

WELL NO 1-7

FOR COMMISSION USE ONLY

APPROVED

DISAPPROVED

1) ITD Section
a) No intent to En... on file
(1) Send warning letter
(2) Recommend for contempt
2) Authorized Surety Rev D
a) No Surety filed
b) Expired Surety, _____
Financial Statement/Letter of
Credit/Bond
3) Reject Codes

Financial Statement/Letter of
Credit/Bond

3) Reject Codes

was an electrical survey run- ☒ Yes ☐ No

Date last log was run 10-21-93

Was CO₂ encountered? ☐ Yes ☒ No at what depths?

Has HCS encountered? ☐ Yes ☒ No at what depths?

12. Were there unusual drilling circumstances encountered? = Yes ☒ No.

640 Acres

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE.

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE (DRAINHOLES)

DRAINHOLE #2	SEC	TWP	RGE	COUNTY
--------------	-----	-----	-----	--------

Spot Location		1/4		1/4		1/4		1/4		Feet From Quarter Section Lines		FS		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, L.- or Property, Line							

more than two drainholes
proposed, attach a
plate sheet indicating
necessary information

ection must be stated in
true azimuth

ase note, the horizontal whole and its end point be located within the series of the lease or ring unit. Directional rays are required for drainholes and optional wells.

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORT

API NO	063-23216
O/C/OCC OPERATOR NO	17408

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
OAC 165 10-3-4(h)

003294

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	W. Dustin	O C C. District	4
Operator	DEKA EXPLORATION INC.	County	HUGHES
Lease Name	BANKEL	Well Number	1-7
Location	1/4 SW 1/4 NW 1/4 SW 1/4	Sec	7
		Twp	9N
		Rge.	12E

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date		10-14-93				
Size of Drill Bit (inches)		12 1/4				
Estimated % wash or hole enlargement used in calculations		100%				
Size of Casing (inches O D)		8 5/8				
Top of Liner (if liner used) (ft.)						
Setting Depth of Casing (ft) from ground level		320				
Type of Cement (API Class)						
In first (lead) or only Slurry		PREM.				
In second Slurry						
In third Slurry						
Sacks of Cement Used						
In first (lead) or only Slurry		255				
In second Slurry						
In third Slurry						
Vol of Slurry pumped (Cu ft) (14 X15.)						
In first (lead) or only Slurry		300.9				
In second Slurry						
In third Slurry						
Calculated Annular Height of Cement behind Pipe (ft)		SURFACE				
Cement left in pipe (ft)		20				

Amount of Surface Casing Required (from Form 1000)	305	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 type="checkbox"/> Yes <input checked="" 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 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> C.R. 18 BBL. CMT. TO SURFACE 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. <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>Stan McInturf</i> Signature of Cementer or Authorized Representative </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> STAN MCINTURF CEMENTER Name of Person and Title (Type or Print) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> HALLIBURTON ENERGY SERV. Cementing Company </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Rt. 1 Box 12 Street Address or P.O. Box </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Bristow OK. 74010 </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> 918 367 3363 2009 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Telephone (AC) Number </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 10-14-93 Date </div> </div>	Remarks <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> OPERATOR I declare under applicable Corporation Commission rule, 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. <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>James L. Nondorf</i> *Signature of Operator or Authorized Representative </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> James L. Nondorf, President *Name of Person and Title (Type or Print) </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> DEKA Exploration, Inc. *Operator </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> P.O. Box 14057 *Street Address or P.O. Box </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Oklahoma City OK 73113 </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> 405-749-0004 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Telephone (AC) Number </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 2/25/94 *Date </div> </div>
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INSTRUCTIONS

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- 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.

PCN: C1170220L7

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC NUMBER: 17408-0 API NUMBER: 063-23216 APPROVAL DATE: 10/07/93
NOTICE OF INTENTION TO: DRILL
TYPE OF DRILLING OPERATION: STRAIGHT HOLE SEC: 7 TWP: 09N RGE: 12E
COUNTY: HUGHES SPOT LOCATION: CSW4 NW4 SW4
FEET FROM: SOUTH 1/4 SECTION LINE 1650 FEET FROM: WEST 1/4 SECTION LINE 330
FEET FROM THE NEAREST LEASE LINE 330
LEASE NAME RANKEL WELL NO: 1-7
OPERATOR NAME: DEKA EXPLORATION, INC.

SURFACE OWNER ADDRESS
GLEN RANKEL
P.O.BOX 6205
WOODLAND HILLS CA 91365

OPERATOR RETURN ADDRESS
DEKA EXPLORATION, INC.
P.O.BOX 14057
OKLAHOMA CITY OK 73113

OPERATION TO BEGIN: 10/15/93
FRESH WATER SUPPLY WELL DRILLED: NO SURFACE WATER USED TO DRILL: YES
FORMATION CODES, NAMES, DEPTHS, (PERMIT VALID FOR LISTED FORMATIONS ONLY)
404ERLB EARLSBORO 1310
404BOCH BOOCH 2218
404HRSR HARTSHORNE 2395
403GLCR GILCREASE 2600
402WPCK WAPANUCKA 3117
402UNVL UNION VALLEY 3235
402CMWLU CROMWELL UP 3240
202TPCK TULIP CREEK 3376
202VIOL VIOLA /LM, GROUP/ 4205
402CMWL CROMWELL 3310

SPACING ORDER NUMBERS: 43310 317596

TOTAL DEPTH: 3600

GROUND ELEVATION: DEPTH TO BASE OF TREATABLE WATER-BEARING FM: 255

SURFACE CASING: 305

PIT INFORMATION:

TYPE OF PIT SYSTEM: ON-SITE

TYPE OF MUD SYSTEM: WATER BASED

EXPECTED CHLORIDE CONTENT OF PIT: MAXIMUM 2500 PPM; AVERAGE 2300 PPM

PIT IS LOCATED IN A HYDROLOGICALLY SENSITIVE AREA

CATEGORY OF PIT(S): 2

LINER NOT REQUIRED FOR CATEGORY: 2 PIT(S)

APPROVED METHOD FOR DISPOSAL OF DRILLING FLUIDS:

EVAPORATION/DEWATER AND BACKFILLING OF RESERVE PIT

003294

THIS PERMIT DOES NOT ADDRESS THE RIGHT OF ENTRY OR SETTLEMENT OF SURFACE DAMAGES. THE DURATION OF THIS PERMIT IS SIX MONTHS, EXCEPT AS OTHERWISE PROVIDED BY RULE OCC-OGR 3-204.

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.

003294

1. OTC/OCC OPERATOR NUMBER
17408-0

2. API NUMBER
003 23216

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

BATCH NUMBER (OCC USE ONLY)

09233017

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
7	9N	12E	Hughes

Spot Location: 1/4 SW 1/4 NW 1/4 SW 1/4 South line 1650' West line 330'

Well will be 330' feet from nearest lease, unit or property boundary.

6. LEASE NAME Rankel WELL NUMBER 1-7

7. NAME OF OPERATOR
DEKA Exploration, Inc.

ADDRESS P.O. Box 14057 PHONE (AC/NUMBER) 405-749-0004

CITY Oklahoma City, STATE OK ZIP CODE 73113

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

ADDRESS P.O. Box 6205

CITY Woodland Hills STATE CA ZIP CODE 91365

11. TARGET FORMATIONS AND DEPTHS OF EACH (limited to ten)
Earlsboro 1310'; Booch 2218'; Hartshorne 2395'; Gilcrease 2600';
Wapanucka 3117'; Union Valley 3235'; Cromwell 3240';
202TPCK 202VUL 4205'; L. Cromwell 3910';
202TPCK 202VUL 4205';

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):
43310 & 317596 (40 acres)

16. Pending Application C.B. No.

17. Location Exception Order No

18. Increase Density Order No

19. Total Depth 3000' 20. Ground Elev. 255' 21. Surface Casing 305' 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 2500 ppm, average 2300 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 4 C. Liner Required ☐ yes ☒ no

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

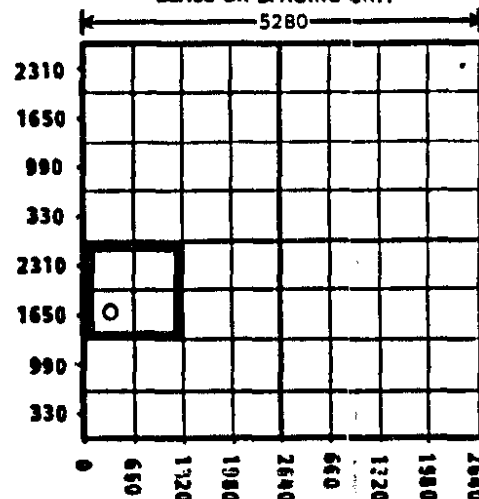
- ☒ A. Evaporation/dewater and backfilling of reserve pit;
☐ B. Solidification of pit contents,
☐ C. Annular Injection (requires permit and surface casing set 200 ft. below base of Treatable Water-bearing fm).
☐ D. Noncommercial land application (requires permit);
☐ E. Haul to commercial pit facility, specify site
☐ F. Haul to commercial soil farming facility; specify site
☐ G. Other method, specify

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 James L. Nondorf NAME (Print or Type) James L. Nondorf PHONE (AC/NUMBER) 405-749-0004 DATE 9-22-93

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.

8. LOCATE WELL AND OUTLINE LEASE OR SPACING UNIT



11. Is well located on lands under federal jurisdiction? ☐ Y ☒ N

12. Will a water well be drilled? ☐ Y ☒ N
Will surface water be used? ☐ Y ☒ N

13. DATE OPERATION TO BEGIN
10-15-93

SECTION 7
TOWNSHIP 9N
RANGE 12E
WELL NUMBER 1-7

APPROVED
OCT 07 1993

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			
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			
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)

43310/4000

Approved _____ Rejected _____

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

- Intents

- Spacing

- 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. (T&E)/more than 2500 ft. (330') only _____ ft. from N/S and _____ from E/W line
- Spaced Spacing Order No.
 - Square pattern, 21, 10, 45, 100, 210
 - Rectangular pattern, 5, 20, 80, 320 NW/SE or NE/SW
 - Rectangular slot pattern; 5, 20, 80, 320 prior to 1971 (Y,N) SU/LD
- Location Exception
 - Surface hole location different
 - Bottom hole location different
- Pending Application Spacing/Location Exception C.D. No. _____ H O M Date _____
- Operator Name different in order No _____ Name on Order _____ Location Exception/Increase Density/Pooling
- Increase Density/Location Exception Order expired date _____
- Outline lease or property boundary lines

CMWL SD LPH, MD, LWR, WLCX SD

317596/40

UNUL, SNOR, TRMN, ERUB, WAPK, UDL

003294

to replace Tulip Creek as before

Check 4244 46 Intent to Drill

Case: 0000000000 Cashier: DPE

DATE: 09/23/1993 TIME: 11:35

MM 22 07 1993

RECEIPT 94180030

405199410

Form 1002/1003C
(Rev 1993)TYPE OR USE BLACK INK
See Reverse
for InstructionsOKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993

API No. 063-23216		PLUGGING RECORD OAC 165.10-11-7	
Lease Name/No.: RANKEL F-7			
Location: C 1/4SW 1/4NW 1/4SW 1/4		Total Depth: 3493	
Sec: 7	Twp: 9N	Rge: 12E	County: HUGHES
Ft. from 1/4 sec.		FSL	FWL
Well Class. GAS		Treatable Water Depth: 175	
Plugging Date: 3-22-94			

Operator

Locate Well on Grid

Name	DEKA EXPLORATION INC	OCC/OTC No..	17408-0
Address	P.O. Box 14057	Phone.	405-749-0004
City	OKLAHOMA CITY	State	OKLA
		Zip	73113

Pipe Record

Size	Run (ft)	Pulled (ft)	
			Conductor
8 5/8	320	-0-	Surface
			I. C.
			I. C.
4 1/2	3100	2320	P. C.
			Lnr

Perforation Depths

Set 1 - From 2716 To 2722
 Set 2 - From 2738 To 2742
 Set 3 - From 2986 To 2996
 Set 4 - From 2996 To 3000

RECEIVED
 MAY 18 1994

Plug	Type of Plug	Size Hole or Pipe of Placement	Depth	No. Sacks Cement	Slurry Volume	Calculated Plug Depth	Measured Plug Depth	Top of Tagged
1	C.I.B.P.	4 1/2 PIPE	2950	2	2.36		2930	
2	CEMENT	2 1/2 PIPE	2742	25	29.5		2518	
3	CEMENT	7 7/8 Hole + 8 5/8 P.O.E	420	80	94.4	220	0	
4	CEMENT	8 5/8 PIPE	33	10	11.8		31	
5							1	

Remarks:	Surf pipe cut off 3' below ground level with I.P. plate welded on.
Reason for Plugging.	

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	Tommy Cooper	Name & Title Typed	Tommy Cooper
Co. Name	Cooper Oilfield Services Inc	Permit No.	136
		Date	3-22-94
Address	P.O. Box 1179	City	Ada
		State	OKLA
		Zip	74820

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	James L. Mondak	Name & Title Typed	President
		Date	5-13-94

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

001516

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

Henry Murphy
Signature of District Manager

Darrel Whitton
Field Inspector

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORT

API NO	063-23216
O/C/OCC OPERATOR NO	17408

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
OAC 165 10-3-4(h)

003294

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	W. Dustin	O C C. District	4
Operator	DEKA EXPLORATION INC.	County	HUGHES
Lease Name	BANKEL	Well Number	1-7
Location	1/4 SW 1/4 NW 1/4 SW 1/4	Sec	7
		Twp	9N
		Rge.	12E

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date		10-14-93				
Size of Drill Bit (inches)		12 1/4				
Estimated % wash or hole enlargement used in calculations		100%				
Size of Casing (inches O D)		8 5/8				
Top of Liner (if liner used) (ft.)						
Setting Depth of Casing (ft) from ground level		320				
Type of Cement (API Class)						
In first (lead) or only Slurry		PREM.				
In second Slurry						
In third Slurry						
Sacks of Cement Used						
In first (lead) or only Slurry		255				
In second Slurry						
In third Slurry						
Vol of Slurry pumped (Cu ft) (14 X15.)						
In first (lead) or only Slurry		300.9				
In second Slurry						
In third Slurry						
Calculated Annular Height of Cement behind Pipe (ft)		SURFACE				
Cement left in pipe (ft)		20				

Amount of Surface Casing Required (from Form 1000)	305	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 type="checkbox"/> Yes <input checked="" 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 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>C.R. 18 BBL. CMT. TO SURFACE</i> </div>	*Remarks <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> RECEIVED MAR 04 1994 003294 </div>
CEMENTING COMPANY	OPERATOR
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.	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.
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>Stan McInturf</i> </div> Signature of Cementer or Authorized Representative	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>James L. Nondorf</i> </div> *Signature of Operator or Authorized Representative
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> STAN MCINTURF CEMENTER </div> Name of Person and Title (Type or Print)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> James L. Nondorf, President </div> *Name of Person and Title (Type or Print)
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> HALLIBURTON ENERGY SERV. </div> Cementing Company	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> DEKA Exploration, Inc. </div> *Operator
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Rt. 1 Box 12 </div> Street Address or P.O. Box	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> P.O. Box 14057 </div> *Street Address or P.O. Box
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Bristow OK. 74010 </div> <div style="display: flex; justify-content: space-between;"> City State Zip </div>	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Oklahoma City OK 73113 </div> <div style="display: flex; justify-content: space-between;"> *City *State *Zip </div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 918 367 3363 2009 </div> Telephone (AC) Number	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 405-749-0004 </div> *Telephone (AC) Number
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 10-14-93 </div> Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> 2/25/94 </div> *Date

INSTRUCTIONS

1.
 - 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.
 - 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.
 - 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 REPORTAPI NO 063-23216
OTC/OCC OPERATOR NO.
17408OKLANDMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
OAC 165 10-3-4(h)

003294

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	<u>W. Dustin</u>	*O C C. District	<u>4</u>
*Operator	<u>DEKA EXPL.</u>	*County	<u>HUGHES</u>
*Lease Name	<u>RANKEL</u>	*Well Number	<u>1-7</u>
*Locations:	<u>1/4 SW 1/4 NW 1/4 SW 1/4</u>	Sec	<u>7</u>
		Twp	<u>9N</u>
		Rge.	<u>12E</u>

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date					<u>1022-93</u>	
*Size of Drill Bit (inches)					<u>7 7/8"</u>	
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O D)					<u>4 1/2"</u>	
*Top of Liner (if liner used) (ft)						
*Setting Depth of Casing (ft) from ground level					<u>3100'</u>	
Type of Cement (API Class) In first (lead) or only Slurry					<u>Premium</u>	
In second Slurry						
In third Slurry						
Sacks of Cement Used In first (lead) or only Slurry					<u>190</u>	
In second Slurry						
In third Slurry						
Vol of Slurry pumped (Cu ft) (14 X15) In first (lead) or only Slurry					<u>209</u>	
In second Slurry						
In third Slurry						
Calculated Annular Height of Cement behind Pipe (ft)					<u>600</u>	
Cement left in pipe (ft)					<u>42</u>	

*Amount of Surface Casing Required (from Form 1000)	<u>305</u>	ft.
*Was cement circulated to Ground Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) Used? <input type="checkbox"/> Yes <input 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 <div style="font-size: 1.2em; font-family: cursive;">HAD GOOD CIRC THROW JOBS.</div>	Remarks <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">CORPORATION COMMISSION</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MAR 04 1994</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">EXPLORATION</div> </div> <div style="text-align: right; font-size: 1.2em; font-family: cursive;">003294</div>
CEMENTING COMPANY	OPERATOR
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.	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.
<div style="font-size: 1.2em; font-family: cursive;">W L Kutzmiller</div>	<div style="font-size: 1.2em; font-family: cursive;">James L. Nondorf</div>
Signature of Cementer or Authorized Representative	*Signature of Operator or Authorized Representative
<div style="font-size: 1.2em; font-family: cursive;">W L Kutzmiller Cementer</div>	James L. Nondorf, President
Name of Person and Title (Type or Print)	*Name of Person and Title (Type or Print)
<div style="font-size: 1.2em; font-family: cursive;">Halliburton</div>	DEKA Exploration, Inc.
Cementing Company	*Operator
<div style="font-size: 1.2em; font-family: cursive;">RT1 BOX 12</div>	P.O. Box 14057
Street Address or P O Box	*Street Address or P O Box
<div style="font-size: 1.2em; font-family: cursive;">Bristow OK 74000</div>	Oklahoma City, OK 73113
City State Zip	*City State Zip
<div style="font-size: 1.2em; font-family: cursive;">918 367 3363</div>	405-749-0004
Telephone (AC) Number	*Telephone (AC) Number
<div style="font-size: 1.2em; font-family: cursive;">10-22-93</div>	2/25/94
Date	*Date

INSTRUCTIONS

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- 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.
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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.

API NO 063-23216
OTC PROD UNIT NO

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

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

40304023

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. Hughes	SEC 7 TWP 9N RGE 12E
LEASE NAME: Rankel	WELL NO 1-7
SHL: SW1/4 NW1/4 SW 1/4 1650 FSL 330' FWL OF 1/4 SEC	
BHL 1/4 1/4 1/4 FSL FWL OF 1/4 SEC	
ELEVATION Derrick Fl 917' Ground 911' SPUD DATE 10/13/93	
WELL FINISHED 10-22-93	WELL COMPLETION

ST PROD DATE	RECOMP DATE
OPERATOR NAME DEKA Exploration, Inc.	OTC/OCC OPER NO 17408
ADDRESS P.O. Box 14057	
CITY Oklahoma City	STATE OK ZIP 73113

COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE ORDER NO.
<input type="checkbox"/> COMINGLED ORDER NO
LOCATION EXCEPTION ORDER NO
INCREASED DENSITY ORDER NO
PENALTY

OIL OR GAS ZONES

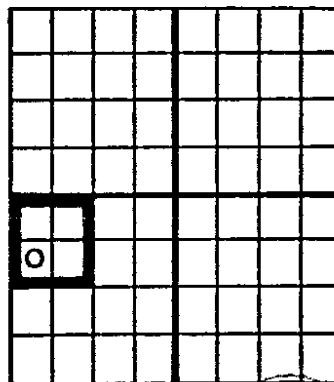
FORMATIONS	TOP	BOTTOM

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	8 5/8"			320'		255	Surf	Surf
Intermediate								
Production	4 1/2"	10.5		3100'		190	3050	2382'
Liner								

Packer # _____ Brand & Type _____ TOTAL DEPTH 3493'

_____, _____ Type _____



LOCATE WELL



FORMATION	L Gilcrease	U. Gilcrease
SPACING & SPACING ORDER NUMBER	43310 317596	43310 31756
CLASSIFICATION Oil, Gas, Dry, Inj	Dry	Dry
PERFORATED INTERVALS	2986'-96'	2716'-22'
ACID/VOLUME	2000 Gal 7 1/2% FE-HCL	000 gal 7 1/2%
Fracture Treated*	3 gal Lo-Surf 300	FE-HCL; 1 gal
Fluids Amounts		Lo Surf 300

INITIAL TEST DATA

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.

SIGNATURE	James L. Nondorf
NAME (PRINT OR TYPE)	James L. Nondorf
ADDRESS	P.O. Box 14057 Oklahoma City, OK 73113
DATE	2/25/94
PHONE NUMBER	405-749-0001

PLEASE TYPE OR USE BLACK INK ONLY

FORMATION RECORD

Give formation names and thicknesses available, or descriptions of thickness of formations as listed through. Show intervals used or drilled tested

LEASE NAME RANKELWELL NO 1-7

NAMES OF FORMATIONS	TOP	BOTTOM
Earlsboro	1308'	
Inola	1594'	
L. Booch	2232'	
Hartshorne	2399'	
Gilcrease	2612'	
U. Gilcrease	2714'	
L. Gilcrease	2964'	
Wapanuka	3161'	
Union Valley/Crom.	3279'	
TD	3493'	

FOR COMMISSION USE ONLY

APPROVED

DISAPPROVED

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

was an electrical survey run? ☒ Yes ☐ NoDate last log was run 10-21-93Was CDE encountered? ☐ Yes ☒ No at what depths?Was HCS encountered? ☐ Yes ☒ No at what depths?Were unusual drilling circumstances encountered? ☐ Yes ☒ No
 If yes, specify below

640 Acres	1000326
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BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE.

SEC	TWP	RGE	COUNTY
Spot Location <u>1/4 1/4 1/4 1/4</u> Feet From Quarter Section Lines 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 <u>1/4 1/4 1/4 1/4</u> Feet From Quarter Section Lines 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 <u>1/4 1/4 1/4 1/4</u> Feet From Quarter Section Lines 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	

more than two drainholes proposed, attach a separate sheet indicating necessary information

direction must be stated in degrees azimuth

note, the horizontal hole and its end point be located within the boundaries of the lease or unit. Directional surveys are required for drainholes and optional wells

PCN: C1170220L7

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC NUMBER: 17408-0 API NUMBER: 063-23216 APPROVAL DATE: 10/07/93
NOTICE OF INTENTION TO: DRILL
TYPE OF DRILLING OPERATION: STRAIGHT HOLE SEC: 7 TWP: 09N RGE: 12E
COUNTY: HUGHES SPOT LOCATION: CSW4 NW4 SW4
FEET FROM: SOUTH 1/4 SECTION LINE 1650 FEET FROM: WEST 1/4 SECTION LINE 330
FEET FROM THE NEAREST LEASE LINE 330
LEASE NAME RANKEL WELL NO: 1-7
OPERATOR NAME: DEKA EXPLORATION, INC.

SURFACE OWNER ADDRESS
GLEN RANKEL
P.O.BOX 6205
WOODLAND HILLS CA 91365

OPERATOR RETURN ADDRESS
DEKA EXPLORATION, INC.
P.O.BOX 14057
OKLAHOMA CITY OK 73113

OPERATION TO BEGIN: 10/15/93
FRESH WATER SUPPLY WELL DRILLED: NO SURFACE WATER USED TO DRILL: YES
FORMATION CODES, NAMES, DEPTHS, (PERMIT VALID FOR LISTED FORMATIONS ONLY)
404ERLB EARLSBORO 1310
404BOCH BOOCH 2218
404HRSR HARTSHORNE 2395
403GLCR GILCREASE 2600
402WPCK WAPANUCKA 3117
402UNVL UNION VALLEY 3235
402CMWLU CROMWELL UP 3240
202TPCK TULIP CREEK 3376
202VIOL VIOLA /LM, GROUP/ 4205
402CMWL CROMWELL 3310

SPACING ORDER NUMBERS: 43310 317596

TOTAL DEPTH: 3600

GROUND ELEVATION: DEPTH TO BASE OF TREATABLE WATER-BEARING FM: 255

SURFACE CASING: 305

PIT INFORMATION:

TYPE OF PIT SYSTEM: ON-SITE

TYPE OF MUD SYSTEM: WATER BASED

EXPECTED CHLORIDE CONTENT OF PIT: MAXIMUM 2500 PPM; AVERAGE 2300 PPM

PIT IS LOCATED IN A HYDROLOGICALLY SENSITIVE AREA

CATEGORY OF PIT(S): 2

LINER NOT REQUIRED FOR CATEGORY: 2 PIT(S)

APPROVED METHOD FOR DISPOSAL OF DRILLING FLUIDS:

EVAPORATION/DEWATER AND BACKFILLING OF RESERVE PIT

003294

THIS PERMIT DOES NOT ADDRESS THE RIGHT OF ENTRY OR SETTLEMENT OF SURFACE DAMAGES. THE DURATION OF THIS PERMIT IS SIX MONTHS, EXCEPT AS OTHERWISE PROVIDED BY RULE OCC-OGR 3-204.

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.

003294

1. OTC/OCC OPERATOR NUMBER
17408-0

2. API NUMBER
003 23216

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

BATCH NUMBER (OCC USE ONLY)

09233017

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
7	9N	12E	Hughes

Spot Location: 1/4 SW 1/4 NW 1/4 SW 1/4 South line 1650' West line 330'

Well will be 330' feet from nearest lease, unit or property boundary.

6. LEASE NAME Rankel WELL NUMBER 1-7

7. NAME OF OPERATOR
DEKA Exploration, Inc.

ADDRESS P.O. Box 14057 PHONE (AC/NUMBER) 405-749-0004

CITY STATE ZIP CODE
Oklahoma City, OK 73113

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

ADDRESS
P.O. Box 6205

CITY STATE ZIP CODE
Woodland Hills CA 91365

11. TARGET FORMATIONS AND DEPTHS OF EACH (limited to ten)
Earlsboro 1310'; Booch 2218'; Hartshorne 2395'; Gilcrease 2600';
~~Wagon Wheel 3117'~~; Wapanucka 3117'; Union Valley 3235'; Cromwell 3240';
~~Wagon Wheel 3117'~~; Viola 4205'; L. Cromwell 3310';
~~Wagon Wheel 3117'~~; 202TPCK RHC 1/1/93

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):
43310 & 317596 (40 acres)

16. Pending Application C.B. No.

17. Location Exception Order No

18. Increase Density Order No

19. Total Depth 3000' 20. Ground Elev. 255' 21. Surface Casing 305' 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 2500 ppm, average 2300 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 ☐ 4 C. Liner Required ☐ yes ☒ no

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

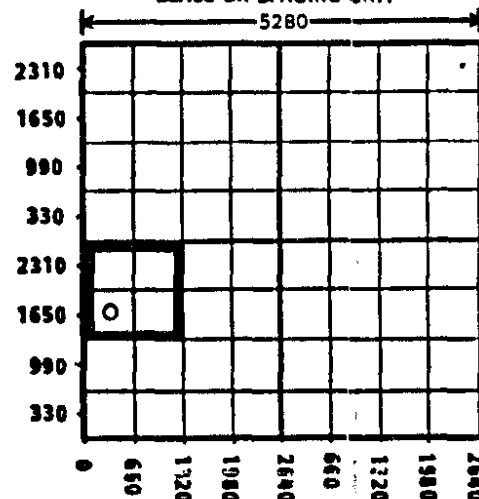
- ☒ A. Evaporation/dewater and backfilling of reserve pit;
☐ B. Solidification of pit contents,
☐ C. Annular Injection (requires permit and surface casing set 200 ft. below base of Treatable Water-bearing fm).
☐ D. Noncommercial land application (requires permit);
☐ E. Haul to commercial pit facility, specify site
☐ F. Haul to commercial soil farming facility; specify site
☐ G. Other method, specify

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 James L. Nondorf NAME (Print or Type) James L. Nondorf PHONE (AC/NUMBER) 405-749-0004 DATE 9-22-93

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.

8. LOCATE WELL AND OUTLINE LEASE OR SPACING UNIT



11. Is well located on lands under federal jurisdiction? ☐ Y ☒ N

12. Will a water well be drilled? ☐ Y ☒ N
Will surface water be used? ☐ Y ☒ N

13. DATE OPERATION TO BEGIN
10-15-93

SECTION 7
TOWNSHIP 9N
RANGE 12E
WELL NUMBER 1-7

APPROVED
OCT 07 1993

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			
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			
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)

43310/4000

Approved _____ Rejected _____

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

- Intents

- Spacing

- 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. (T&E)/more than 2500 ft. (330') only _____ ft. from N/S and _____ from E/W line
- Spaced Spacing Order No.
 - Square pattern, 21, 10, 45, 100, 210
 - Rectangular pattern, 5, 20, 80, 320 NW/SE or NE/SW
 - Rectangular slot pattern; 5, 20, 80, 320 prior to 1971 (Y,N) SU/LD
- Location Exception
 - Surface hole location different
 - Bottom hole location different
- Pending Application Spacing/Location Exception C.D. No. _____ H O M Date _____
- Operator Name different in order No _____ Name on Order _____ Location Exception/Increase Density/Pooling
- Increase Density/Location Exception Order expired date _____
- Outline lease or property boundary lines

CMWL SD LPH, MD, LWR, WLCX SD

317596/40

UNUL, SNOR, TRMN, ERUB, WAPK, UOL

003294

to replace Tulip Creek as before

Check 4244 46 Intent to Drill

Case: 0000000000 Cashier: DPE

DATE: 09/23/1993 TIME: 11:35

MM 22 07 1993

RECEIPT 94180030