



Oklahoma Corporation Commission
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-521-2211

IMS Receipt



RECEIPT

Receipt Number
2207165

Receipt Date
Mar 21, 2022

Payments

Type ↕	Date ↕	Payor Name ↕	Amount ↕
Check	Mar 21, 2022	ENERSOURCE PETROLEUM INC	\$100.00

1 total

Applied Invoices

Invoice Number ↕	Amount ↕	Owed ↕
3238988	\$100.00	\$0.00

1 total

Payments:	\$100.00
Applied Invoice(s):	- \$100.00
Receipt Balance:	\$0.00

Comments

API# 08123290

OP# 12072 CHECK# 22583 1001

IMS System

API NO
081-23290
OTC PROD UNIT NO

Rule 165:10-3-25
ORIGINAL
AMENDED
Reason Amended: N/A



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

60325001

Form 1002A
Rev. 1992

COMPLETION & TEST DATA BY PRODUCING FORMATION
1 404RDFK 2

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: LINCOLN SEC 16 TWP 16N RGE 3E
LEASE NAME: RNYTHM WELL NO: 95-1
SHL W 2 1/4 SE 1/4 NE 1/4 660 FSL 1880 FWL OF 1/4 SEC
BHL: 1/4 1/4 1/4 FSL FWL OF 1/4 SEC
ELEVATION: Derrick Fl 1,005 Ground 995 SPUD DATE 12-2-95
DRLG FINISHED 12-8-95 WELL COMPLETION 3-5-96

LOCATE WELL

1ST PROD DATE _____ RECOMP DATE _____
OPERATOR NAME ENERSOURCE PETROLEUM, INC. OTC/OCC OPER NO 12072
ADDRESS 4550 W. 57th STREET
CITY TULSA STATE OKLA ZIP 74107

COMPLETION TYPE

OIL OR GAS ZONES

☒ SINGLE ZONE
☐ MULTIPLE ZONE ORDER NO.
☐ COMINGLED ORDER NO.
LOCATION EXCEPTION ORDER NO.
INCREASED DENSITY ORDER NO.
PENALTY

FORMATIONS	TOP	BOTTOM
<u>BIG LINE</u>	<u>3924</u>	
<u>ORWEGO LIMESTONE</u>	<u>3950</u>	
<u>SKINNER SANDSTONE</u>	<u>4205</u>	
<u>PINK LIMESTONE</u>	<u>4236</u>	
<u>RED FORK SANDSTONE</u>	<u>4272</u>	

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	<u>8 3/8</u>	<u>28 lbs</u>	<u>Used</u>	<u>689</u>	<u>1,000</u>	<u>390</u>	<u>100%</u>	<u>surface</u>
Intermediate								
Production	<u>5 1/2</u>	<u>15.5 lb</u>	<u>J</u>	<u>4,461</u>	<u>3,000</u>	<u>120</u>	<u>80%</u>	<u>3818 KB</u>
Liner								

Packer @ None Brand & Type _____ TOTAL DEPTH 4451
Plug @ _____ Type _____

FORMATION	<u>RED FORK</u>		
SPACING & SPACING ORDER NUMBER	<u>396257 (80 ACRE LAYDOWN)</u>		
CLASSIFICATION Oil, Gas, Dry, Inj	<u>oil</u>		
	<u>4272-4302</u>		
PERFORATED INTERVALS			
ACID/VOLUME	<u>2,000 gal @ 7 1/2% HCl</u>		
Fracture Treated?	<u>Yes</u>		
Fluids Amounts	<u>42,300 gal - 56,000 lb, sand</u>		

INITIAL TEST DATA

Initial Test Date	<u>3-5-96</u>		
Oil-bbl/day	<u>5</u>		
Oil-Gravity (API)	<u>38</u>		
Gas-MCF/day	<u>28</u>		
Gas-Oil Ratio Cu Ft/bbl	<u>5600/1</u>		
Water-bbl/day	<u>1975</u>		
Pumping or Flowing	<u>pumping</u>		
Initial Shut-In Pressure	<u>- 0.1</u>		
CHOKE SIZE	<u>N/A</u>		
FLOW TUBING PRESSURE	<u>N/A</u>		

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.

By [Signature] LOREN FREDERICK
SIGNATURE NAME (PRINT OR TYPE)
ADDRESS 4550 W. 57th STREET CITY TULSA STATE OKLAHOMA ZIP 74107
DATE MARCH 20, 1996 PHONE NUMBER 918/446-8028

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 drilled and tested.

LEASE NAME Rhythm WELL NO 95-1

NAMES OF FORMATIONS	TOP	BOTTOM
BIG LIME	3924	
OSWEGO LIMESTONE	3950	
SKINNER SANDSTONE	4205	
PINK LIMESTONE	4236	
RED FOLK SANDSTONE	4272	

FOR COMMISSION USE ONLY

APPROVED [Signature] DISAPPROVED _____

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

DKN
7-22-96

Was an electrical survey run? ☒ Yes ☐ No

Date last log was run 12-9-95

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

Was H₂S encountered? ☐ Yes ☒ No at what depths?

Were unusual drilling circumstances encountered? ☐ Yes ☒ No
If yes, briefly explain:

Other remarks:

640 Acres

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 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 1/4 1/4 1/4 1/4 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 1/4 1/4 1/4 1/4 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:	

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.

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORTAPI NO. 081-23290
DTC/OCC OPERATOR NO. 12072OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
OAC 165:10-3-4(h)

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

TYPE OR USE BLACK INK ONLY

Field Name: N. W. Mt. VERNON P.O.C.C. District BRISTOW
Operator: Energsource Petroleum County Lincoln
Lease Name: Rhythm Well Number 95-1
Location: 1/4 1/4 1/4 SE 1/4 NE Sec. 16 Twp. 16N Rge. 3E

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date					12-10-95	
Size of Drill Bit (inches)					7 7/8	
Estimated % wash or hole enlargement used in calculations						
Size of Casing (inches O.D.)					5 1/2	
Top of Liner (if liner used) (ft.)						
Setting Depth of Casing (ft.) from ground level					4461	
Type of Cement (API Class)						
In first (lead) or only Slurry					50/50 Pz	
In second Slurry						
In third Slurry						
Sacks of Cement Used						
In first (lead) or only Slurry					120	
In second Slurry						
In third Slurry						
Vol of Slurry pumped (Cu ft) (14.X11.)						
In first (lead) or only Slurry					156	
In second Slurry						
In third Slurry						
Calculated Annular Height of Cement behind Pipe (ft)					45	
Cement left in pipe (ft)					45	

Amount of Surface Casing Required (from Form 1000) 675 ft.
Was cement circulated to Ground Surface? ☒ Yes ☐ No
Was Cement Staging Tool (DV Tool) Used? ☐ Yes ☒ No
Was Cement Bond Log run? ☐ Yes ☒ 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.

FORM 1002C
(REV. 1992)

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORT

640 ACRES

API NO. 081-23290

DTC/OCC OPERATOR NO. 12072

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

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

TYPE OR USE BLACK INK ONLY

LOCATE WELL AND OUTLINE
LEASE

•Field Name	N. W. MA. VERNON	•O.C.C. District	BRISTOW
•Operator	ENERSOURCE PETROLEUM INC.	•County	LINCOLN
•Lease Name	RHYTHM	•Well Number	95-1
•Location	1/4 1/4 SE 1/4 NE 1/4	Sec. 16	16N 3E Rge

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date		12-2-95				
•Size of Drill Bit (inches)		12 1/4				
•Estimated X wash or hole enlargement used in calculations						
•Size of Casing (inches O.D.)		8 5/8				
•Top of Liner (if liner used) (ft.)						
•Setting Depth of Casing (ft.) from ground level		689				
Type of Cement (API Class)		A				
In first (lead) or only Slurry						
In second Slurry						
In third Slurry						
Sacks of Cement Used		390				
In first (lead) or only Slurry						
In second Slurry						
In third Slurry						
Vol of Slurry pumped (Cu ft) (14.X15.)		460.2				
In first (lead) or only Slurry						
In second Slurry						
In third Slurry						
Calculated Annular Height of Cement behind Pipe (ft)		Circulated				
Cement left in pipe (ft)		43				

•Amount of Surface Casing Required (from Form 1000)	675	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.

<p>Remarks</p>	<p>Remarks</p>
<p style="text-align: center;">CEMENTING COMPANY</p> <p>I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.</p> <p style="font-size: 1.2em; font-family: cursive;">Bobby J. Clark</p> <p>Signature of Cementer or Authorized Representative</p> <p style="font-size: 1.2em; font-family: cursive;">Bobby J. Clark</p> <p>Name of Person and Title (Type or Print) cementor</p> <p><u>Oilwell Cementers, Inc.</u></p> <p>Cementing Company</p> <p><u>P.O. Box 727</u></p> <p>Street Address or P.O. Box</p> <p><u>Cushing, Oklahoma</u> <u>74023</u></p> <p>City State Zip</p> <p><u>(918) 225-1633</u></p> <p>Telephone (AC) Number</p> <p><u>12-2-95</u></p> <p>Date</p>	<p style="text-align: center;">OPERATOR</p> <p>I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.</p> <p style="font-size: 1.2em; font-family: cursive;">B. H. Waychoff</p> <p>Signature of Operator or Authorized Representative</p> <p style="font-size: 1.2em; font-family: cursive;">B. H. WAYCHOFF SR.</p> <p>Name of Person and Title (Type or Print)</p> <p><u>ENERSOURCE Petroleum, Inc.</u></p> <p>Operator</p> <p><u>4550 W. 52nd St.</u></p> <p>Street Address or P.O. Box</p> <p><u>Tulsa</u> <u>OKla</u> <u>74107</u></p> <p>City State Zip</p> <p><u>918-446-8028</u></p> <p>Telephone (AC) Number</p> <p><u>Jan 15, 1996</u></p> <p>Date</p>

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (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.

PERMIT TO DRILL

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 12072-0

Approval Date: 10/23/95

Notice of Intention To: AMEND Reason Amended: MOVE LOCATION
Type of Drilling Operation: STRAIGHT HOLE Well Type: OIL/GAS
County: LINCOLN Spot Location: E2 W2 SE4 NE4
Feet From: SOUTH 1/4 Section Line 660 Feet From: WEST 1/4 Section Line 1880
Lease Name: RHYTHM Well No: 95-1

Well Location: Sec: 16 Twp: 16N Rge: 03E

Feet from the nearest lease line: 660
Operator Name: ENERSOURCE PETROLEUM, INC.

Surface Owner Address
STATE OF OKLA.
COMMISSIONERS OF LAND OFFICE
P.O. BOX 26910
OKLAHOMA CITY OK 73126

Operator Return Address
ENERSOURCE PETROLEUM, INC.
4550 W. 57TH STREET
TULSA OK 74107

Operation to Begin: 00/00/00

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: YES

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

(1) 405HGSR	HOGSHOOTER	3085	(2) 405LYTN	LAYTON	3100
(3) 405CCKB	CHECKERBOARD	3380	(4) 404BGLM	BIG LIME	3890
(5) 404OSWG	OSWEGO	3915	(6) 404SKNR	SKINNER	4060
(7) 404PKLM	PINK LIME	4215	(8) 404RDFK	RED FORK	4220

Spacing Order Numbers: 396257

Special Orders: 77556

Pending CD Numbers:	Location Exception Orders:	Increased Density Orders:	Total Depth:	Ground Elevation	Surface Casing:	Depth to base of Treatable Water-Bearing FM:
			4400	986	675	625

PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 1200 PPM; Average 900 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: OSCAR

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.

FORM 1000
REV 1994

**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)

10185008

1. DTG/DOCC OPERATOR NUMBER
12072
2. API NUMBER
081-23290

8. NOTICE OF INTENT TO: (CHECK ONLY ONE)

☒ DRILL ☐ RECOMPLETE ☐ REENTER ☐ DEEPEN ☐ AMEND - REASON

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

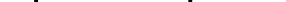
4. TYPE OF DRILLING OPERATION >>>>>>>>> (NOTE: If directional or horizontal, see reverse side for bottom hole location)

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

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

5. WELL LOCATION:

SECTION 16	TOWNSHIP 16N	RANGE 3E	COUNTY Lincoln
---------------	-----------------	-------------	-------------------

SPOT LOCATION:  SE NE FEET FROM QUARTER SECTION LINES: 660 1980

Well will be 660 feet from nearest lease, unit or property boundary.

LEASE NAME: Rhythm WELL NUMBER: 95-1

NAME OF OPERATOR:
Enersource Petroleum Inc.

ADDRESS	PHONE (AC/NUMBER)
4550 W. 57th Street	918-446-8028

CITY	OK	STATE	ZIP CODE
Tulsa			74107

15. SURFACE OWNER (one only, attach sheet for additional owners)

State of Oklahoma-Commissioners of the Land Office

ADDRESS
P.O. Box 26910, 5801 N. Broadway, Suite 200

CITY	STATE	
Oklahoma City,	OK	73126

DK1 LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)

1) Hogshooter LS	3085	40SH6SR	6) Upper Skinner	4060	404SKNR
2) Layton SS	3100	40SLVTN	7) Pink Lime	4215	404PKLM
3) Checkerboard LS	3380	40SCCKB	8) Redfork SS	4220	404RDFK
4) Big Lime LS	3890	404B6LM	9)		
5) Oswego LS	3915	404DSWG	10)		

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):
CD9500003482 - 80 approved 10-9-95 396257

11. PENDING APPLICATION C.D. NO. N/A	12. LOCATION EXCEPTION ORDER NO. n/a	13. INCREASED DENSITY ORDER NO. n/a
---	---	--

1. TOTAL DEPTH 4400'	20. GROUND ELEV. 986	21. DEPTH TO BASE OF TREATABLE WATER 625 <i>UK</i>	22. SURFACE CASING 675	23. ALT CASING PROG USED? <i>Y</i> <i>X</i> <i>N</i>
-------------------------	-------------------------	---	---------------------------	---

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

25.1. PIT INFORMATION: Using more than one pit or mud system? Y X N If yes, fill out line 25.2 on top reverse side.

2. PTM oil CRACKER. Using more than one pt of mud system? no ☒ Yes, no but use 232 on top reverse side.

A. Type of mud system: X water based; oil based; gas based (air drilled)

B. Expected mud chloride content: maximum 200 ppm; average 900 ppm.

PIT # 1 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

Within 1 mile of municipal water well? Y X N

Wellhead Protection Area Y X N

RECEIVE ONLY

B. Category: Aluvial Plain/Terrace Deposit Bedrock Aquifer Other HSA ☒ Non-HSA: Fm USEAR
 C. Special area or field rule? Y ☒ N D. DEEP SCA? Y ☒ N Yield > 50 E. CBL required? Y ☒ N
 F. SOIL or GEOMEMBRANE LINER REQUIRED? Y ☒ N GEOMEMBRANE LINER REQUIRED? Y ☒ N 30 ml 30 ml

22. 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	NAME (Print or Type)	PHONE (AC/NUMBER)	DATE
<i>[Signature]</i>	B. H. WAYCHOFF JR	918-742-5106	10-17-95

NOTICE: Approval is void if operations have not commenced within six months of the date of approval. An approved permit must be posted at the location during drilling and completion operations.

File the Form 1001A 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.

PIT # 2

- OFFSITE PIT #

Locate Bottom Row Station(s):

N

- 26.2. OGC USE ONLY A. Category 1A 1B 2 3 4 ; Frn _____
B. PI Location: _____ Alluvial Plain/Terrace Deposit _____ Bedrock Aquifer _____ Other HSA _____ Non-HSA
C. Spoil area or field site? _____ D. DEEP SCA? _____ Y _____ N _____ Yield > 50 _____
E. SOIL or GEOMEMBRANE LINER REQUIRED? _____ Y _____ N _____ GEOMEMBRANE LINER REQUIRED? _____ Y _____ N _____ 20 ml _____ 30 ml

29. Bottom Hole Location for Directional Hole:		SEC	TWP	RGE	County
SPOT LOCATION:		FEET FROM QUARTER SECTION LINES		from SOUTH LINE	from WEST LINE
1/4	1/4	1/4	1/4		
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:				FEET FROM QUARTER SECTION LINES
1/4	1/4	1/4	1/4	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:				FEET FROM QUARTER SECTION LINES	from SOUTH LINE	from WEST LINE
1/4	1/4	1/4	1/4			
Depth of Deviation	Radius of turn			Direction		Total Length
Measured Total Depth:		True Vertical Depth:		End point location from lease, unit or property line:		

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

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
#25 per #14	<u>ll</u>	_____
B.H. Ebychoff	<u>ll</u>	_____
10-23-85		
Cady		
	DAD	_____
	DAN	_____

OCC USE ONLY

1. SURETY FS
A. NONE filed.
B. EXPIRED: Date 9-5-96
C. OUTSTANDING CONTEMPT ORDER

2. INTENTS

3. SPACING

4. GEOLOGY

OCC USE ONLY OCC USE ONLY

396257 LD
950003482/.80 ~~SA~~ (NW/SE)
Estab Red Fork

10-23-95

DLA CMP COM RECEIPT 9616S0107
 Date: 10/18/1995 Time: 10:27
 Case: 000000000
 Payor: HOWDY MARYDUFF
 Cashier: FPM
 Check 4694 \$100.00
 60 Tank Permit

- A. SURFACE CASING**
1. Insufficient amount, Requires _____ feet.
 2. Insufficient Alternate Casing Program
 3. No Affidavit Submitted for Alternative Casing Program.
 4. Reentry requires _____ feet, only _____ current
- B. UNSPACED:** Less than 2500 ft (165')/ More than 2500 ft (330')
Only _____ ft from N/S and _____ ft from E/W line.
- C. SPACED: SPACING ORDER No _____**
1. Square Pattern: 2.5, 10, 40, 160, 640
 2. Rectangular pattern: 5, 20, 80, 320
NW/SE or NE/SW
 3. Rectangular slot pattern: 5, 20, 80, 320
Prior to 1971 (Y , N) SU/LD
- 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

APPLICATION TO DRILL, RECOMPLETE OR REENTER

WALK THROUGH

FORM 1000
REV 1994FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

1. OTD/OCC OPERATOR NUMBER

12072
2. API NUMBER

081-23290A

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)

11285-014

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)

☒ DRILL ☐ RECOMPLETE ☐ REENTER ☐ DEEPEN ☒ AMEND - REASON *move location*

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

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

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

5. WELL LOCATION:

SECTION 16 TOWNSHIP 16N RANGE 3E COUNTY Lincoln
SPOT LOCATION: E/2 1/4 W/2 1/4 SE 1/4 NE 1/4 FEET FROM QUARTER 660 from SOUTH LINE from WEST LINE 1880
SECTION LINES

7. Well will be 660 feet from nearest lease, unit or property boundary.

8. LEASE NAME: Rhythm WELL NUMBER: 95-1

9. NAME OF OPERATOR:

EnerSource Petroleum, Inc.

ADDRESS 4550 W. 57th Street PHONE (ACNUMBER) 918-446-8028

CITY Tulsa, STATE OK ZIP CODE 74107

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

State of Oklahoma-Commissioners of the Land Office

ADDRESS P.O. Box 26910, 5801 N. Broadway, Suite 200

CITY Oklahoma City, STATE OK ZIP CODE 73126

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

1) Hogshooter LS	3085	405H65R	6) Upper Skinner	4060	404SKNR
2) Layton SS	3100	40SLYTN	7) Pink Lime	4215	404PKLM
3) Checkerboard LS	3380	40SCCB	8) Redfork SS	4220	404RDFK
4) Big Lime LS	3890	404B6LM	9)		
5) Oswego LS	3915	404OSWG	10)		

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

396257-80

16. PENDING APPLICATION C.D. NO.

N/A

17. LOCATION EXCEPTION ORDER NO.

N/A

18. INCREASED DENSITY ORDER NO.

N/A

19. TOTAL DEPTH

4400'

20. GROUND ELEV.

986

21. DEPTH TO BASE OF TREATABLE WATER

625

22. SURFACE CASING

675

23. ALT CASING PROG.

USED? ☒ Y ☐ N

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 tool25. PIT INFORMATION: Using more than one pit or mud system? ☒ Y ☐ N If yes, fill out line 25.2 on top reverse side.A. Type of mud system: ☒ water based; ☐ oil based; ☐ gas based (air drilled)

B. Expected mud chloride content: maximum 1200 ppm; average 900 ppm.

C. Type of Pit System: ☒ on-site; ☐ off-site; ☐ closed. If off-site, specify locationD. Is depth to top of ground water greater than 10 ft below base of pit? ☒ Y ☐ NE. Within 1 mile of municipal water well? ☒ Y ☐ NF. Wellhead Protection Area ☒ Y ☐ N

OFFSITE PIT # _____

26.1. OCC USE ONLY

A. Category

1A 1B 3 4

B. Pit Location:

Alluvial Plain/Terrace Deposit

C. Special area or field rule?

D. DEEP SCA?

Y ☐ N ☐ Yield > 50

E. CBL required?

Y ☐ N ☐ 20 ml 30 ml

F. SOIL or GEOMEMBRANE LINER REQUIRED?

Y ☒ N ☐ GEOMEMBRANE LINER REQUIRED?Y ☐ N ☐ 20 ml 30 ml

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

NAME(Print or Type)

PHONE(ACNUMBER)

DATE

B. H. WAYCHOFF, C.

918-742-5106

11-27-95

NOTICE: Approval is void if operations have not commenced within six months of the date of approval. An approved permit must be posted at the location during drilling and completion operations.

File the Form 1001A, 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.

WALK THROUGH

SECTION 16

TOWNSHIP 16N

RANGE 3E

WALK THROUGH

25.2. PIT INFORMATION - PIT #2

PIT # 2

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

OFFSITE PIT #

Locate bottom hole location (s)



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

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

29. Bottom Hole Location for Directional Hole
 SEC TWP RGE County
 SPOT LOCATION: 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: 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: FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE
 Depth of Deviation Radius of turn Direction Total Length
 Measured Total Depth: True Vertical Depth End point location from lease, unit or property line

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

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

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

Name of Owner/Operator Address of Owner/Operator Location (Nearest 1/4 1/4 1/4) Deepest producing interval

4. The projected depth of the well (is is not) less than 100 feet from the top of any enhanced recovery project or gas storage facility.
 5. A cement bond log is required to be run and submitted from not less than 100 feet below the base of the treatable water-bearing formation to the surface.
 6. If casing depth is more than 250 feet deeper than base of the treatable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken

INTENT TO DRILL CHECKLIST

APPROVED

REJECTED

OCC USE ONLY

OCC USE ONLY

OCC USE ONLY

1. SURETY

- A. NONE filed FS
 B. EXPIRED Date 9-5-96
 C. OUTSTANDING CONTEMPT ORDER

2. INTENTS

3. SPACING

4. GEOLOGY

A. SURFACE CASING

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

C. SPACED: SPACING ORDER No

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

D. LOCATION EXCEPTION

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

E. PENDING APPLICATION: Spacing/Location Exception

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

F. OPERATOR NAME DIFFERENT in order No

- Name on order
 Location Exception/Increased Density/Pooling

G. Increased Density/Location Exception EXPIRED

- Order Expired. Date:

H. Outline Lease or Property Boundary

DO NOT WRITE INSIDE THIS BOX

H-28-475
originally approved 10-23-95

396257/80 LD NW/SE
Estab Red Fork

PERMIT TO DRILL

OTC/OCC Number: 12072-0

OKLAHOMA CORPORATION COMMISSION

Approval Date: 10/23/95 PERMIT TO DRILLAPI Number: 081-23290

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

County: LINCOLN Spot Location: CSE4 NE4

Feet From: SOUTH 1/4 Section Line 660 Feet From: WEST 1/4 Section Line 1980

Lease Name: RHYTHM

Well Type: OIL/GAS

Well Location: Sec: 16 Twp: 16N Rge: 03E

Well No: 95-1

Feet from the nearest lease line: 660

Operator Name: ENERSOURCE PETROLEUM INC

Surface Owner Address

STATE OF OKLA-COMM OF LAND OFF

P O BOX 26910

5801 N BROADWAY SUITE 200

OKLAHOMA CITY OK 73126

Operator Return Address

ENERSOURCE PETROLEUM INC

4550 W 57TH STREET

TULSA OK 74107

Operation to Begin: 00/00/00

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: YES

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

(1) 405HGSR	HOGSHOOTER	3085	(2) 405LYTN	LAYTON	3100
(3) 405CCKB	CHECKERBOARD	3380	(4) 404BGLM	BIG LIME	3890
(5) 404OSWG	OSWEGO	3915	(6) 404SKNR	SKINNER	4060
(7) 404PKLM	PINK LIME	4215	(8) 404RDFK	RED FORK	4220

/LM/ /SD/

Spacing Order Numbers: 396257

Special Orders: 77556

Pending CD Numbers:	Location Exception Orders:	Increased Density Orders:	Total Depth:	Ground Elevation	Surface Casing:	Depth to base of Treatable Water-Bearing FM:
			4400	986	675	625

PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 1200 PPM; Average 900 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: OSCAR

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.

PCN: C1170220L7 10/24/95

PAGE 1 OF 1

Instructions

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

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000-2000

Oklahoma City, OK 73152-2000

Transfer of Operator

OAC 165:10-1-15

108130607

5280 ft

Form 1073

Rev 1996

API No. 081-23290-A		OTC Prod. Unit No. 081-100064	
Location SE 1/4 NE 1/4 1/4 1/4		Sec. 16	Twp. 16N
Ft FSL of Qtr Sec 660		Ft FWL of Qtr Sec 1880	County LINCOLN
Current Well Name/No. RHYTHM 95-1			
Original Well Name/No.			
Unit Name (if applicable)			

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

Locate Well On Grid Above

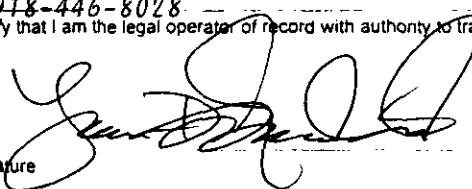
Well Class: ☒ Oil ☐ Gas ☐ Dry ☐ Plugged

Producing formation(s) RED FORK	
Oil Transporter/Purchaser NGC OIL TRADING & TRANSPORTATION, INC.	OTC No. 19030
Gas Measurer CONOCO	OTC No. 00482

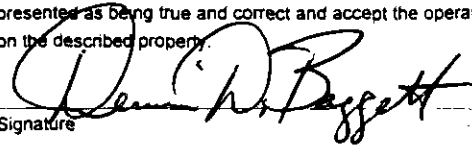
The effective date of transfer of this well for the purposes of Commission records, is the date the transfer is approved by the Commission.

8/1/01

CURRENT OPERATOR

Name ENERSOURCE PETROLEUM, INC.	OCC No. 12072
Address 4550 W. 57TH. STREET	
City TULSA	State OK
Zip 74107	
Phone No. 918-446-8028	FAX No.
I verify that I am the legal operator of record with authority to transfer ownership of this well.	
Signature 	
Name & Title (Typed or Printed) LOREN FREDERICK, PRESIDENT	
Signed and sworn to before me this 31st day of JULY 2001 Creek County Notary Public My commission expires June 19, 2005	
My commission expires:	

NEW OPERATOR

Name GLENN SUPPLY COMPANY, INC.	OCC No. 00844
Address P. O. BOX 1104	
City TULSA	State OK
Zip 74101	
Phone No. 918-583-1101	FAX No. 918-584-7670
Being the new operator, as of the effective date and time of transfer accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property.	
Signature 	
Name & Title (Typed or Printed) DENNIS D. BAGGETT, OPERATION MANAGER	
Signed and sworn to before me this 31st day of JULY 2001 Creek County Notary Public in and for the State of Oklahoma My commission expires June 19, 2005	
My commission expires:	

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 SEP 06 2001Well Records Dept. ☒ Approved ☐ Rejected Date

SEP 05 2001

WDMS

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.

Instructions

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

OKLAHOMA CORPORATION COMMISSION

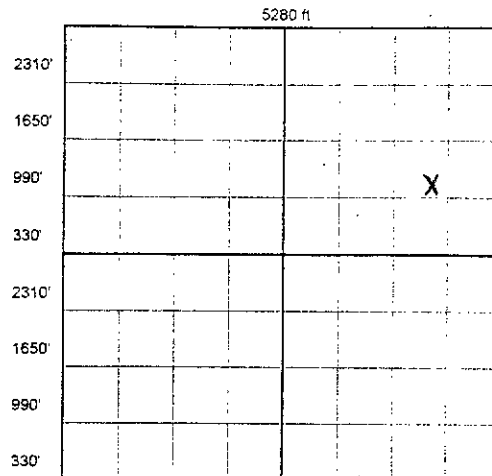
Oil & Gas Conservation Division
 Post Office Box 52000-2000
 Oklahoma City, OK 73152-2000

508290604

Form 1073
 Rev. 1996

Transfer of Operator
 OAC 165:10-1-15

API No. <u>081-23290-A</u>		OTC Prod. Unit No. <u>081-100064</u>	
Location SE 1/4 NE 1/4 1/4 1/4 16		Twp. <u>16N</u> Rge. <u>3E</u>	
Ft FSL of Qtr Sec <u>660'</u>		Ft FWL of Qtr Sec <u>1880'</u>	
Current Well Name/No. <u>RHYTHM 95-1</u>		County <u>LINCOLN</u>	
Original Well Name/No.			
Unit Name (if applicable)			



Locate Well On Grid Above

Well Class: ☒ Oil ☐ Gas ☐ Dry ☐ Plugged

Producing formation(s) <u>RED FORK</u>	
Oil Transporter/Purchaser <u>SUNOCO PARTNERS MARKETING & TERMINALS, L.P.</u>	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. 6/1/05

CURRENT OPERATOR

Name <u>GLENN SUPPLY COMPANY, INC.</u>		OCC No. <u>000844</u>
Address <u>P. O. BOX 1104</u>		
City <u>TULSA</u>	State <u>OK</u>	Zip <u>74101</u>
Phone No. <u>918-583-1101 #12</u>	FAX No. <u>918-584-7670</u>	
I verify that I am the legal operator of record with authority to transfer operatorship of this well.		
Signature <u>Andrew B. Seigel</u>		
Name & Title (Typed or Printed) <u>ANDREW B. SEIGEL, PRESIDENT</u>		
Signed and sworn to before me this <u>12</u> day of <u>JULY</u> , 2005		
Notary Public <u>[Signature]</u>		
My commission expires: <u>6/19/09 #01008895</u>		

NEW OPERATOR

Name <u>ENERSOURCE Petroleum, Inc</u>		OCC No. <u>12072</u>
Address <u>4550 W. 57th</u>		
City <u>Tulsa</u>	State <u>OK</u>	Zip <u>74107</u>
Phone No. <u>918-446-802</u>	FAX No. <u>918-445-9177</u>	
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 <u>[Signature]</u>		
Name & Title (Typed or Printed) <u>Loren Fredrick Pross</u>		
Signed and sworn to before me this <u>22</u> day of <u>August</u> , 2005		
Notary Public <u>[Signature]</u>		
My commission expires: <u>6/19/2009 #01008895</u>		

I verify under oath that I have exercised due diligence in attempting to locate the current operator of record according to OCC records, who has abandoned the above well/lease and cannot be located to obtain signature. I have attached a copy of the certified recorded assignment of lease.

Signature

Signed and sworn to before me this _____ day of _____

Notary Public

My commission expires: _____

FOR OCC USE ONLY

Surety Dept. ☒ Approved ☐ Rejected Date SEP 19 2005 Well Records Dept. ☒ Approved ☐ Rejected Date SEP 20 2005

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.

WDMS