

API NO.
091-21224
OTC PROD. UNIT NO.

X Rule 165:10-3-25
ORIGINAL
— AMENDED
Reason Amended

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

203222021

Form 1002A
Rev. 2001



402 JFRS

COMPLETION & TEST DATA BY PRODUCING FORMATION

PLEASE TYPE OR USE BLACK INK ONLY

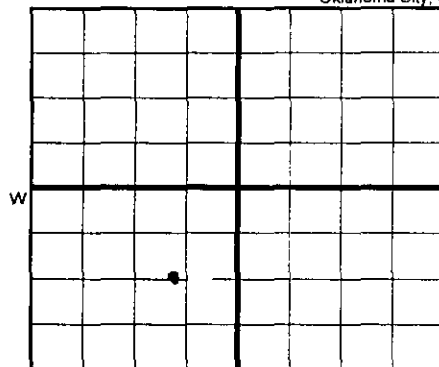
NOTE: Attach copy of original 1002A if recompletion or reentry

TYPE OF DRILLING OPERATION

X STRAIGHT HOLE — DIRECTIONAL HOLE — HORIZONTAL HOLE

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

COUNTY	McIntosh	SEC	7	TWP	10N	RGE	13E
LEASE NAME	HOLD		WELL NO.		1-7		
SHL	1/4 W 1/4 EX 1/4 SW 1/4 1320 FSL 1880 FWL OF 1/4 SEC						
ELEVATION	682		Ground	680	SPUD DATE	1-11-01	
DRLG FINISHED	1-21-01		WELL COMPLETION		4-15-01		
1ST PROD DATE			RECOMP DATE				



LOCATE WELL

OPERATOR NAME	J L Watkins	OTC/OCC OPERATOR NO.	18957-0
ADDRESS	PO Box 325		
CITY	MORRIS	STATE	OK.
		ZIP	74445

COMPLETION TYPE	<input checked="" type="checkbox"/> SINGLE ZONE
	MULTIPLE ZONE ORDER NO.
	COMMINGLED ORDER NO.
	LOCATION EXCEPTION ORDER NO.
	INCREASED DENSITY ORDER NO.
	PENALTY

OIL OR GAS ZONES	TOP	BOTTOM
FORMATIONS		
Jefferson	3330	3345

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	7"	20	LS	242	3000	100	242	SURFACE
Intermediate								
Production	4.5	10.5	LS	3335	4000	70	647	2688
Liner								

PACKER @ **NONE** BRAND & TYPE _____
PLUG @ _____ TYPE _____

TOTAL DEPTH **3350**

FORMATION	Jefferson
SPACING & SPACING ORDER NUMBER	NS
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp	Dry GAS
	3336-3340
PERFORATED INTERVALS	
ACID/VOLUME	500 GAL. - 10%
Fracture Treated?	NO
Fluids Amounts	

INITIAL TEST DATA

INITIAL TEST DATE	4-15-01
OIL-BBL/DAY	0
OIL-GRAVITY (API)	
GAS-MCF/DAY	10 mcf
GAS-OIL RATIO CU FT/BBL	
WATER-BBL/DAY	60 bbl.
PUMPING OR FLOWING	Flowing
INITIAL SHUT-IN PRESSURE	500*
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	J L Watkins	NAME (PRINT OR TYPE)	J L Watkins
ADDRESS	PO Box 325	CITY	MORRIS
		STATE	OK.
		ZIP	74445
DATE	4-20-01	PHONE NUMBER	918-756-6906

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

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

LEASE NAME HOLD

WELL NO. 1-7

NAMES OF FORMATIONS	TOP	BOTTOM
Senora	960	1000
Red Fork	1250	1280
Bartlesville	1620	1660
Booch	1930	1940
Hartshorne	2230	2245
Wapanucka	2915	2970
Union Valley	3110	3230
Cromwell	3240	3260
Jefferson	3269	3295
T.D.		3350

FOR COMMISSION USE ONLY	
APPROVED <u>mm</u>	DISAPPROVED
1) ITD Section	
a) No Intent to Drill on file	
1) Send warning letter	
2) Recommend for contempt	
2) Reject Codes	
<u>041-21224</u>	

Were open hole logs run?	yes	<input checked="" type="checkbox"/> no
Date Last log was run		
Was CO ₂ encountered?	yes	<input checked="" type="checkbox"/> no at what depths?
Was H ₂ S encountered?	yes	<input checked="" type="checkbox"/> no at what depths?
Were unusual drilling circumstances encountered?	yes	<input checked="" type="checkbox"/> no
If yes, briefly explain.		

Other remarks:

640 Acres

BOTTOM HOLE LOCATION

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

DRAINHOLE #2

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

If more than two drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth.

Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

API No 091-21224
OTC/OCC Operator No. 18957-0

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev 1996

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

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

TYPE OR USE BLACK INK ONLY

*Field Name South Henryetta	OCC District 4
*Operator JL Watkins	OCC/OTC Operator No 18957-0
*Well Name/No. Hold #1	County McIntosh
*Location W 1/2 1/4 E 1/2 SW 1/4 1/4	Sec 7 Twp 10N Rge 13E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					3-3-01	
*Size of Drill Bit (Inches)					6 1/4"	
*Estimated % wash or hole enlargement used in calculations					20	
*Size of Casing (inches O.D.)					4 1/2"	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					3335'	
Type of Cement (API Class) In first (lead) or only slurry					A	
In second slurry						
In third slurry						
Sacks of Cement Used In first (lead) or only slurry					70	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14 X15.) in first (lead) or only slurry					84	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					647'	
Cement left in pipe (ft)					1'	

*Amount of Surface Casing Required (from Form 1000)	210	ft.
*Was cement circulated to Ground Surface? <u>Yes</u> <u>X</u> No	*Was Cement Staging Tool (DV Tool) used? <u>Yes</u> <u>X</u> No	
*Was Cement Bond Log run? <u>Yes</u> <u>X</u> No (If so, Attach Copy)	*If Yes, at what depth? <u>ft</u>	

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

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

Remarks

Remarks

CEMENTING COMPANY

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

Joe Smith
Signature of Cementer or Authorized Representative

OPERATOR

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

J L Watkins
Signature of Operator or Authorized Representative

Name & Title Printed or Typed

Joe Smith - President
Cementing Company

Oklahoma Oilwell Cementing Company, Inc.

Address

P.O. Box 967

City

Cushing,

State

Zip

Oklahoma

74023

Telephone (AC) Number

(918) 225-3040

Date

3-5-01

Name & Title Printed or Typed

J L Watkins/Operator

Operator

J L Watkins

Address

P O Box 325

City

Morris

State

OK

Zip

74445

Telephone (AC) Number

918-756-6906

Date

03/03/02

INSTRUCTIONS

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

AP No 091-21224
OTC/OCC Operator No. 18957-0

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev 1996

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

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

TYPE OR USE BLACK INK ONLY

*Field Name South Henryetta	OCC District 4
*Operator J. Watkins	OCC/OTC Operator No
*Well Name/No. Hold #1	County McIntosh
*Location W 1 1/2 E 1 1/4 SW 1/4 1/4	Sec 7 Twp 10N Rge 13E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		1-11-01				
*Size of Drill Bit (Inches)		10"				
*Estimated % wash or hole enlargement used in calculations		20				
*Size of Casing (inches O.D.)		7"				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		242'				
Type of Cement (API Class)		A				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used		100				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14 X15.)		118				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		242'				
Cement left in pipe (ft)		20'				

*Amount of Surface Casing Required (from Form 1000)	210	ft.
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*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? <input type="checkbox"/> ft

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

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

Remarks

*Remarks


CEMENTING COMPANY

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


Signature of Cementer or Authorized Representative

OPERATOR

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


Signature of Operator or Authorized Representative

Name & Title Printed or Typed
Joe Smith - President
Cementing Company
Oklahoma Oilwell Cementing Company, Inc.
Address
P.O. Box 967
City
Cushing,
State Zip
Oklahoma 74023
Telephone (AC) Number
(918) 225-3040
Date
1-12-01

*Name & Title Printed or Typed
JLWatkins/Operator
*Operator
JLWatkins
*Address
PO Box 325
*City
Morris
*State Zip
OK 74445
*Telephone (AC) Number
918-756-6906
*Date
03/03/02

INSTRUCTIONS

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PERMIT TO DRILL

OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 18957-0

API Number: 091-21224Approval Date: 11/16/2000
Expiration Date: 05/16/2001

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

Well Type: OIL/GAS

Well Location: Sec: 7 Twp: 10N Rge: 13E

County: MCINTOSH

Spot Location: W2 E2 SW4

Feet From: SOUTH 1/4 Section Line 1320 Feet From: WEST 1/4 Section Line 1880

Feet from the nearest lease line: 760

Lease Name: HOLD

Well No: 1-7

Operator Name: J L WATKINS

TELEPHONE: (918) 756-6906

Surface Owner Address

MICHAEL DENNY HOLD

RT 2 BOX 74

DUSTIN

OK 74839

Operator Return Address

J L WATKINS

P.O. BOX 325

MORRIS

OK 74445

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: YES

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

(1) 404SNOR	SENORA	/SD/	1000	(2) 404HRSR	HARTSHORNE	2175
(3) 402WPCK	WAPANUCKA		2700	(4) 402UNVL	UNION VALLEY	2500
(5) 402CMWL	CROMWELL		3030	(6) 402JFRS	JEFFERSON	3150
(7) 269HNTN	HUNTON	/LM, GROUP/	3700	(8) 202WLCX	WILCOX	3850

Spacing Order Numbers: 260445

Special Orders:

Pending CD Numbers:	Location Exception Orders:	Increased Density Orders:	Total Depth:	Ground Elevation	Surface Casing:	Depth to base of Treatable Water-Bearing FM:
			3900	680	210	160

PIT 1 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 1500 PPM; Average 1000 PPM

Pit is located in a Hydrologically Sensitive Area.

Category of Pit: 1B

SOIL OR 20 MIL GEOMEMBRANE LINER REQUIRED.

Pit Location is Terrace Deposit.

Pit Location Formation: TERRACE

Approved Method for disposal of Drilling Fluids:

Evaporation/Dewater and Backfilling of Reserve Pit.

24HR NOTICE PRIOR TO TESTING PIT LINER.

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.

APPLICATION TO DRILL, RECOMPLETE OR REENTER

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

11140218

1. OTC/OCC OPERATOR NUMBER 18957-0
2. API NUMBER 091-21224

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

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

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

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

6. LOCATE WELL AND OUTLINE
LEASE OR SPACING UNIT IN INKA. ☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
B. ☒ OIL/GAS ☐ INJECTION ☐ DISPOSAL ☐ WATER SUPPLY

5. WELL LOCATION.

SECTION 7	TOWNSHIP 10N	RANGE 13E	COUNTY McIntosh
SPOT LOCATION: W 1/2 Q 1/4 SW 1/4 1/4			
FEET FROM QUARTER SECTION LINE		from SOUTH LINE 1320	from WEST LINE 1880

7. Well will be 760 feet from nearest lease, unit or property boundary

8. LEASE NAME Hold		WELL NUMBER 1-7
9. NAME OF OPERATOR J L Watkins		
ADDRESS P O Box 325		PHONE (AC/NUMBER) 918-756-6906
CITY Morris	STATE Ok	ZIP CODE 74445

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

ADDRESS Michael Denny Hold		
Rt. 2 Box 74		
CITY Dustin	STATE Ok	ZIP CODE 74839

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

1) Senora	1000 404 SNOR	6) Jefferson	3150 402 JFRS
2) Hartshore	2175 404 HRSR	7) Hunton	3700 269 HNTN
3) Wapanuka	2700 402 WPCN	8) Wilcox	3850 202 WLCX
4) Union Valley	2900 402 UNVL	9)	
5) Cromwell	3030 402 CMWL	10)	

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

260445 & 248231 160

16. PENDING APPLICATION C.D. NO.

17. LOCATION EXCEPTION ORDER NO.

18. INCREASED DENSITY ORDER NO.

OCC USE ONLY

19. TOTAL DEPTH 3900-3500	20. GROUND ELEV 650	21. DEPTH TO BASE OF TREATABLE WATER 160	22. SURFACE CASING 210	23. ALT CASING PROG USED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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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 ☐ N If yes, fill out line 25.2 on top reverse sideA. Type of mud system: ☒ water based, ☐ oil based, ☐ gas based (air drilled)

B. Expected mud chloride content: maximum 1500 ppm; average 1000 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 # _____

25.2. OCC USE ONLY

A. Category 1A 1B 2 3 4	B. Pit Location Abundant Plain/Terrace Deposit Bedrock Aquifer Other HSA Non-HSA: Fm Tenace
C. Special area or field rule?	D. DEEP SCA? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Yield > 50 E. CBL required? <input type="checkbox"/> Y <input type="checkbox"/> N
F. SOIL or GEOMEMBRANE LINER REQUIRED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GEOMEMBRANE LINER REQUIRED? <input type="checkbox"/> Y <input type="checkbox"/> 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 must notify District 24 hours prior to testing pit lines

I hereby certify I am authorized to submit this two page application prepared by me or under my supervision.

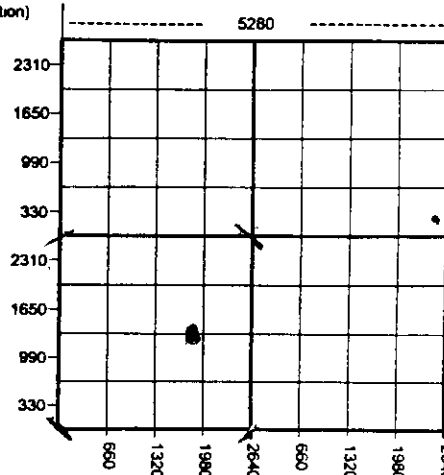
The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

SIGNATURE <i>J L Watkins</i>	NAME (Print or Type) J L Watkins	PHONE (AC/NUMBER) 918-756-6906	DATE 11/08/00
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NOTICE: Approval is void if operations have not commenced within six months of the date of approval. An approved permit must be posted at the location during drilling and completion operations.

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

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



SECTION 7

TOWNSHIP 10N

RANGE 13E

WELL NAME Hold

NUMBER 1-7

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):

↑
N

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

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

29. Bottom Hole Location for Directional Hole

SPOT LOCATION	SEC	TWP	RGE	County
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
1/4 1/4 1/4 1/4			
SPOT LOCATION	FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE		

Depth of Deviation	Radius of turn	Direction	Total Length
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Measured Total Depth	True Vertical Depth	End point location from lease, unit or property line
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DRAIN HOLE #2 SEC	TWP	RGE	County
1/4 1/4 1/4 1/4			
SPOT LOCATION	FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE		

Depth of Deviation	Radius of turn	Direction	Total Length
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Measured Total Depth	True Vertical Depth	End point location from lease, unit or property line
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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

MP

JC

JC

JC

11/16/00

OCC USE ONLY

1. SURETY
 A. NONE filed
 B. EXPIRED. Date
 C. OUTSTANDING CONTEMPT ORDER

2. INTENTS

3. SPACING

4. GEOLOGY

A. SURFACE CASING

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

D. LOCATION EXCEPTION

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

E. PENDING APPLICATION Spacing/Location Exception

G.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

OCC USE ONLY

OCC USE ONLY

248231 N/A

260445/160 EXT: 248231

SENECA, B'ville, BOCCA, GILCREASE

DUTCHER, WAPANNACHA, UNION VALLEY

CHOMWELL, JEFFERSON, MISSISSAUGA

MISSENA, HUNTER VILLA, WILCOX

DO NOT WRITE INSIDE THIS BOX

TYPE OR USE BLACK INK
SEE REVERSE FOR INSTRUCTIONS

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

605109406

Form 1003/1003C
(Rev. 2001)

API NO.
091-21224
OTC PROD. UNIT NO.

PLUGGING RECORD
OAC 165:10-11-7

PLUGGING DATE
09/09/03

Well Name/No.

Hold #1-7

Location

1/4 W/2ME/2W4 SW 1/4

Sec 7

Twp 10N

Rge 13E

1320 Ft FSL of 1/4 Sec 1880 Ft FWL of 1/4 Sec

Total Depth

3350'

Base of Treatable Water

160'

County McIntosh

Well Classification

Dry

Locate Well on Grid

OPERATOR

Name
J L Watkins

Address
P O Box 325

City
Morris

State

Ok

OTC/OCC No.

18957-0

Phone

(918) 756-6906 (New 299-7805)

Zip

74445

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
7"	242'	0'	Surface
			I.C.
			I.C.
4.5	3335'	2455'	P.C.
			Lin.

PERFORATION DEPTHS

Set 1 -	From 3269	To 3295
Set 2 -	From	To
Set 3 -	From	To
Set 4 -	From	To

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CIBP	4.5	3015'	2	2.70	2990'	
2	CEMENT	6.25	360'	75	88.80	SURFACE	
3							
4							
5							

REMARKS

Reason for Plugging

DRY

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per O.C.C. instructions. The cementing was performed by me or under my direct supervision. I certify all cementing data is true, correct and complete.

Signature

Date

Name and Title Typed or Printed

10/25/4

Joe Watkins/Supervisor

Company Name

McOil Service Company

Address

P. O. Box 2326

City

Muskogee

State

Ok

Permit No.

342

Phone

918-687-7831

Zip

74402

OPERATOR CERTIFICATION

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

Date

Name and Title Typed or Printed

10/25/4

J.L. Watkins/Operator

CORPORATION COMMISSION USE ONLY

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

Signature of District Manager

Field Inspector