NOTICE OF CHANGE OF OPERATOR/OWNERSHIP/PURCHASER (Rule 3-309 - Disposal or Enhanced Recovery Injection Well (Rule 3-201.1b - Oll or Gas Well)

> OKLAHOMA CORPORATION COMMISSION Oil and Gas Conservation Division Jim Thorpe Office Building Oklahoma City, Oklahoma 73105-4493

INSTRUCTIONS:

PLEASE TYPE OR USE BLACK INK.

- Both former and current operator shall jointly complete this form for each oil, gas, disposal, or enhanced recovery injection well within thirty (30) days after the effective data of transfer. Send form(s) to address listed above.
- if former operator is unavailable for signature (item 10), legal proof of transfer of ownership must be provided as attachment to this form.

| 1) |     |    | 640         | ) <u>A</u> | CTE        | 8 |          |   |   |
|----|-----|----|-------------|------------|------------|---|----------|---|---|
|    | L.  |    |             |            |            |   |          |   | Ì |
|    | L   |    |             |            | L          |   |          |   |   |
|    | _ ' |    |             | Ш          |            |   |          |   |   |
| v  |     | L, |             |            | _          |   |          |   | E |
|    | Н   |    |             |            |            |   |          | - | • |
| 1  | Н   |    |             |            | H          |   |          |   |   |
| Ì  |     |    |             | -          | Н          |   | $\dashv$ | _ |   |
| 1  | ;   | en | لــا<br>۵ ه | Cat<br>uti | e M<br>Ine |   |          |   |   |

D. Copy of 1002A must be attached. 2-2-76 109-49621 10920233 2. OTC Production Unit No. \_ API No. 4W Oklahoma 14N 23 County \_\_\_\_\_ . Rge \_ SW \_ 1/4 \_ SW\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_ Well Location JEANETTE #1 \_\_\_\_(Original Name)\_\_\_\_\_ 4. Current Well Name and No. Effective date of transfer  $\frac{10/1/88}{}$ 6. Classification of Well Transferred: Oil Disposal/Injection Well 7. If injection or disposal well, the following information is required. <u>1 1988</u> NUN ---- Zone -Authorizing Order No. -OKEAMONIA EURPOPATION .... Change of ownership 8. Change of Operator \_ /OTC NO. <u>COMMISSI</u>ON 9. Name of New Purchaser 10. Charles M. Thomas Oil & Gas J L. Thomas Engineering, INc Name of New Operator Name of Former Operator 02165 11559 OTC/OCC Operator No. OTC/OCC Operator No. 701 West Hefner Rd. P 0 Box 23505 Address Oklahoma City, OK 73114 Oklahoma City, OK. 73123 CILY State Zip Zip City State 7554-562/2 787-3404 Phone Phone 10/10/88 Signature Jack L. Thomas, President Charles M. Thomas

#### FOR O.C.C. USE ONLY

Name and Title

|                         | Approved Date | Rejected Date |
|-------------------------|---------------|---------------|
| Surety Department       | 1101 00       | <del></del>   |
| Production Department   |               |               |
| Well Records Department |               |               |
| UIC Department          |               |               |

#### PLEASE TYPE OR USE BLACK INK ONLY

| Form 1002A<br>Rev 1979 <sub>e</sub> | OKLA                          | (To be filed w<br>AHOMA (<br>OIL AND ( | CORPORA<br>SAS CONSE                             | ATION C<br>ERVATION | OMMIS<br>NOISIVID  | SION                      | 0-49621<br>OTC COUNTY<br>LEASE NO | COMPLETIO   | ON & TEST DATA<br>1 | BY PRODUCING FORMA          | ATION<br>3                            |
|-------------------------------------|-------------------------------|--|--|---------------------|--------------------|---------------------------|-----------------------------------|---|---------------------|-----------------------------|---------------------------------------|
| API NO                              |                               | orpe Buildi                            | ng / Oklah<br><sub>ry</sub> <mark>0kla.</mark> s | oma City (          | Oklahoma<br>1 مىرو | 173105<br>4N noe          | 4W                                | FORMATION   | 0swego              | Hunton                      |                                       |
| 1092023                             |                               |  |  |                     |                    |                           | <br>.& Gas,Inc                    | SPACING & SPACING<br>ORDER NO                         | Uswego              | indireon .                  |                                       |
| 640 Acr                             | 160                           | OFFICE<br>TOWN                         | Oklahom  | 212 N.W<br>a City   | . 50th,            | Suite 2<br>oklaho         | 235<br>oma 73112                  | CLASSIFICATION (Oil Gas Dry Inj Well)                 | 011                 | 011                         |                                       |
| *                                   | 0                             | _ DRILL                                | NG STARTED                                       | <u>/21</u> 19 70    | 6 DRILLING         | ELL NO #1<br>FINISHED 2/1 | 4 <sub>19</sub> <u>76</u>         | PERFORATED  | 6142'-6152'         | 6488'-6568'                 |                                       |
| 160                                 | 160                           | WELL                                   | LOCATED _ SW                                     | _ 'SW_              | 1/4 1/4            |                           |                                   | INTERVALS   |                     |                             |                                       |
|                                     | VELL CORRECTL<br>UTLINE LEASE | ELEVA                                  | 00 FT FROM                                       | SLOF SEC            | 8_660 _<br>041_    | FT FROM                   | 1 WL OF 1/4 SEC                   | 15017   |                     |                             |                                       |
| TYPE COA                            | ADI ETION                     |  |  |                     | •                  |                           |                                   | ACIDIZED?   |                     |                             |                                       |
| Single Zone                         |                               |  | Order  | No                  |                    |                           |                                   | FRACTURE TREATED?                                     |                     |                             |                                       |
| Multiple Zo                         | ore XX                        |  | Order  | No                  | 20                 | <del></del>               |                                   | INITIAL TEST DATA                                     | <u> </u>            |                             | <b>L</b>                              |
| Commingle<br>LOCATION I             |                               |  |  | No                  |                    |                           | alty                              | Date  | 3/14/76             |                             |                                       |
| LOCATION                            | LAGEI IIOI                    |  | 0.00   |                     |                    |                           |                                   | O≀I-bbl ∕day  | 74                  | -                           |                                       |
| 100                                 |                               |  | OIL OR G   | AS ZONES            |                    |                           |                                   | Oil Gravity   |                     |                             |                                       |
| Name                                |                               | From                                   | То   | N                   | lame               | Fro                       | ım To                             | Gas-Cu Ft/day   | 255 M               | CF CF                       | CF                                    |
| Hogshoo                             |                               | 5460'                                  | 5520   | Hunto               | on                 | 6380                      | 6570'                             | - Gas-Oil Ratio Cu Ft /Bbl                            | 3445                |                             | -                                     |
| Checker                             | board                         | 5640'                                  | 56681  |                     |                    |                           |                                   | Water-Bbl ∕day  | 80                  |                             |                                       |
| Oswego                              |                               | 61201                                  | 6186'  |                     |                    |                           |                                   | Pumping or flowing                                    | Flowing             |                             | -                                     |
| C,                                  |                               |  | CASING   | & CEMENT            | •                  |                           |                                   | CHOKE SIZE  | 20.46.4.11          |                             | · · · · · · · · · · · · · · · · · · · |
| 0                                   | Cas                           | ing Set                                |  | Csg Test            |                    | Ceme                      | nt                                | FLOW TUBING PRESSURE                                  | 20/64"              |                             |                                       |
| Size                                | Wgt                           | Grade                                  | Feet   | Psi                 | Sax                | Fillup                    | Тор                               | A record of the formations of                         |                     | L                           | Lsented on the rev∈rse                |
| 8 5/8"                              | 24#                           | J                                      | 810  |                     |                    | 810                       | Surf.                             |   | /                   |                             |                                       |
| 4 <sup>n</sup> 1/2"                 | 10.5#                         | J                                      | 6596   |                     | 625_               | 1946                      | 4650                              |   |                     | YER .                       |                                       |
|                                     |                               |  |  |                     | 1                  |                           |                                   | Marke   | DAT / M             | w                           |                                       |
| Ċ,                                  |                               |  |  |                     |                    |                           |                                   | i the undersigned being for and complete according to |                     | n oath state that this well |                                       |
| 0;                                  |                               |  |  |                     | тот                | TAL DEPTH_                | 6611'                             | Telephone 405/848-240                                 | 04 Charles          | M. Thomas, Pres             | jdent                                 |
| PACKERS                             | SET                           |  |  |                     |                    |                           |                                   | Subscribed and sworn befor                            | e me this A         | t day of Decern             | LU 1980                               |
| Dep                                 | th                            |  |  |                     |                    | <u></u>                   |                                   | My commission expires —                               | 3.7                 | · Barler                    |                                       |
| Mal                                 | ke                            |  |  | VER)                |                    |                           |                                   | IVIY commission expires —                             | Notar               | y Public                    |                                       |
|                                     |                               |  | , υ  | ,                   |                    |                           |                                   |   |                     |                             |                                       |

FARM NAME

WELL NO

1-23

PLEASE TYPE OR USE BLACK INK ONLY

## (RULE 3-205) FORMATION RECORD

15047

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

| FORMATION  | TOP   | воттом   | FORMATION   | TOP | воттом |
|--|---|--|-------------|-----|--------|
| FORMATION  Surf. Sand & Shale Shale & Sandy Shale Sand Shale Sand Shale w/ Sand Streaks Shale Sand Shale Lime Shale & Sand Shale Sand & Shale Sand & Shale Shale Sand & Shale Shale Lime Shale Shale Lime Shale Shale Sand Shale Shale Sand Shale | TOP  -0-' 800' 1230' 1780' 1820' 1895' 1920' 2420' 2890' 2918' 3070' 3114' 3970' 4280' 4570' 4685' 4870' 5200' 55460' 5520' 5640' 5665' 6100' 6195' 6323' 6345' 6380' 6570' | 800' 1230' 1780' 1820' 1895' 1920' 2420' 2918' 3070' 3114' 3970' 4280' 4570' 4685' 4870' 5200' 5520' 5640' 5520' 5640' 6195' 6323' 6345' 6370' 611' (TD) | FORMATION   | TOP | ВОТТОМ |
|  |   |  | TOTAL DEPTH |     |        |

| REMARKS |                                 |  |
|---------|---------------------------------|--|
|         | RECEIVED                        |  |
|         | OIL & GAS CONSERVATION DIVISION |  |
|         | DEC 22 1982                     |  |
|         | OKLAHOMA CORPORATION COMMISSION |  |
|         | COMMISSION                      |  |

| Form 1002A<br>Rev 1979 | ^                             | AHOMA (<br>OIL AND 6 | AS CONSI                                 | <b>ATION C</b><br>ERVATION | OMMIS<br>DIVISION | SION             | OTC COUNTY<br>LEASE NO | COMPLETIC  | N & TEST DA    | та ву      | PRODUCING FORM<br>2                | IATION<br>3              |
|------------------------|-------------------------------|----------------------|--|----------------------------|-------------------|------------------|------------------------|--|----------------|------------|------------------------------------|--------------------------|
| API NO                 | }                             | orpe Buildi          | •  |                            |                   |                  | A1.t                   | FORMATION  | Oswego         |            | Hunton                             |                          |
| 1092023<br>640 Acr     |                               | 00145                | TY _OKla.s<br>ANY OPERATING<br>E ADDRESS | sec                        | CO. Inc           | 2.               | <u>4</u> W _           | SPACING & SPACING ORDER NO                         |                |            |                                    | 02203                    |
| 160                    | 160                           | TOWN                 | 0klahor                                  | na City,                   | OKTATE Z          | <sub>P</sub> 731 |                        | CLASSIFICATION<br>(Oil Gas Dry Inj Well)           | 011            |            | 011                                |                          |
|                        |                               | , I                  |  |                            |                   | FINISHED 2-      |                        | PERFORATED   | 6142'          |            | 6488 - 6568'                       |                          |
| 160<br>LOCATE          | VELL CORRECTL<br>UTLINE LEASE | 66                   | LOCATED SI                               | M ., SW<br>M SL OF '4 SEC  | 8 <u>660</u>      |                  | 1 WL OF ½ SEC          | INTERVALS  |                |            |                                    |                          |
| TYPE COM               | APLETION                      |                      |  |                            |                   |                  |                        | ACIDIZED?  |                |            |                                    |                          |
| Single Zon             | e                             |                      | _ Order                                  | No                         |                   |                  |                        | FRACTURE TREATED?                                  |                | -          |                                    |                          |
|                        | ed                            | N/A                  | _ Order                                  | No<br>No                   |                   |                  | alty                   | INITIAL TEST DATA  Date                            | 3/14/7         | <br>'6     |                                    | <u></u>                  |
|                        |                               |                      |  |                            |                   |                  |                        | Oil-bbl /day                                       | 74             |            |                                    |                          |
| M                      |                               |                      | OIL OR G                                 | AS ZONES                   |                   |                  |                        | Oil Gravity  |                |            |                                    |                          |
| Name                   |                               | From                 | То                                       | N                          | lame              | Fro              | m To                   | Gas-Cu Ft./day                                     | 255            | McF        | CF                                 | C                        |
| Hogshoot               | er                            | 5460'                | 5520'                                    | Hunto                      | n                 | 638              | 0' 6570'               | Gas Oil Ratio Cu Ft /Bbl                           | 3445           |            |                                    |                          |
| Checkerb               | oard                          | 5640'                | 56681                                    |                            |                   |                  |                        | - Water-Bbl ∕day                                   | 80             |            |                                    |                          |
| 0swego                 |                               | 61201                | 6186                                     |                            |                   |                  |                        | Pumping or flowing                                 | Flowing        | _          | ··                                 |                          |
| C                      |                               |                      | CASING                                   | & CEMENT                   |                   |                  |                        | CHOKE SIZE   | 20/64"         | •.         |                                    |                          |
| 0                      | Cas                           | ing Set              |  | Csg Test                   |                   | Ceme             | nt                     | FLOW TUBING PRESSURE                               | 260            |            |                                    |                          |
| Size                   | Wgt                           | Grade                | Feet                                     | Psı                        | Sax               | Fillup           | Тор                    | A record of the formations d                       | filled through | and per    | inent remarks are pro              | esented on the revers    |
| 8-5/8"                 | 24#                           | J                    | 810                                      |                            |                   | 810              | Surf                   | - , ,  | / /)           | - //       | <i>)</i>                           |                          |
| 4-1/2"                 | 10.5                          | J                    | 6596                                     |                            | 625               | 1946             | 4650                   | -  |                | (dyer      | ,                                  | <i>,</i> ' (             |
|                        |                               | -                    |  |                            |                   |                  |                        | I the undersigned bying file                       |                | M          | th state that this wal             | l special in true, corre |
| 0                      |                               |                      |  |                            |                   |                  | <u> </u>               | and complete according to                          |                |            |                                    |                          |
| C                      | <u>.</u>                      |                      |  |                            | TOT               | <br>AL DEPTH_    | 6611'                  | Telephone (405) 842-3                              | 3244 Han       | k Shr      | rum, President                     | , t                      |
| PACKERS<br>Dep         |                               |                      | <del></del>                              |                            |                   |                  |                        | Subscribed and sworn before  My commission expires | e me this      | fth_       | and title of representative day of | 1982                     |
| Mai                    | ке                            |                      |  | VER)                       |                   |                  |                        | My commission expires 1—10                         | Nar 1 14       | lotary Pul | olic Murrorn.                      | CANALAND MC              |
|                        |                               |                      | ,0                                       |                            |                   |                  |                        | =  |                |            |                                    |                          |

| CADAA NIARAE | } | JEANETTE MCKEE | WELL NO #1-23 |
|--------------|---|----------------|---------------|
| FARM NAME    | ţ | UEANELLE PUREE | WELL NO #1-23 |

PLEASE TYPE OR USE BLACK INK ONLY

(RULE 3-205) FORMATION RECORD
Give formation names and tops if available or descriptions and thickness of formations drilled through Show intervals cored or drillstem tested

02203

| FORMATION   | TOP   | BOTTOM  | FORMATION   | TOP | воттом |
|---|---|---|-------------|-----|--------|
| Surf. Sand & Shale Shale & Sandy Shale Sand Shale Sand Shale w/Sand Streaks Shale Sand Shale Lime Shale & Sand Shale Sand & Shale Sand & Shale Shale Sand & Shale Shale Lime Shale Shale Lime Shale | -0-' 800' 1230' 1780' 1820' 1895' 1920' 2420' 2890' 2918' 3070' 4280' 4570' 4685' 4870' 5220' 5460' 5520' 5665' 6100' 6195' 6323' 6345' 6380' 6570' | 800' 1230' 1780' 1820' 1895' 1920' 2420' 2890' 3070' 3114' 3970' 4685' 4870' 5220' 5460' 5520' 5640' 5665' 6195' 6323' 6345' 6380' 6570' 6611' (TD) | TOTAL DEPTH |     |        |

| MARKS |                                 |  |
|-------|---------------------------------|--|
|       | RECEIVED                        |  |
|       | DIL E CAS COMSERVATION DIVISION |  |
|       | FEB-2 3 1982                    |  |
|       | OKLAHOMA CORPORATION COMMISSION |  |
|       |                                 |  |

#### OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 02165-0

API Number: 109-20233-A

Approval Date:  $01/28/200\overline{4}$ Expiration Date: 07/28/2004

Feet from the nearest lease line: 660

Notice of Intention To: RECOMPLETE

Type of Drilling Operation: STRAIGHT HOLE County: OKLAHOMA

Spot Location: CSW4 SW4

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

Lease Name: JEANETTE MCKEE

Well No: 1-23

Well Type: OIL/GAS

Operator Name: J.L. THOMAS ENGINEERING, INC. TELEPHONE: (405) 755-5622 Operator Return Address J.L. THOMAS ENGINEERING, INC.

Well Location: Sec: 23 Twp: 14N Rge: 04W

701 WEST HEFNER ROAD OKLAHOMA CITY OK 73114

THE CITY OF BETHANY 6700 NW 36TH BETHANY OK 73008

Operation to Begin: 00/00/0000

Surface Owner Address

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

Formation Codes, Names, Depths, (Permit Valid For Listed Formations Only): (1) 405PRRY PERRY /PERRY GAS SD/

Not Spaced for Permitted Formations.

Special Orders: 17920

Total Ground Surface Depth to base of Treatable

Pending CD Numbers: Location Exception Orders: Increased Density Orders: Depth: Elevation Casing: Water-Bearing FM:

6611 810 1031 570

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.

REV 2002 FILE ORIGINAL ONLY **OKLAHOMA CORPORATION COMMISSION** PLEASE TYPE OR USE BLACK INK OIL & GAS CONSERVATION DIVISION BATCH NUMBER (OCC USE ONLY) OTC/OCC OPERATOR NUMBER JIM THORPE BUILDING 01274216 02165 P.O. BOX 52000 **OKLAHOMA CITY, OK 73152-2000** 2 API NUMBER (RULE 165:10-3-1) 10920233 3. NOTICE OF INTENT TO (CHECK ONLY ONE) DEEPEN \_\_\_AMEND - REASON \_\_DRILL \_\_X\_RECOMPLETE REENTER 6. LOCATE WELL AND OUTLINE NOTE ATTACH COPY OF 1002-A IF RECOMPLETION OR RENTRY LEASE OR SPACING UNIT IN INK. (NOTE: if directional or horizontal, see reverse side for bottom hole location) 4. TYPE OF DRILLING OPERATION >>>>>> STRAIGHT HOLE HORIZONTAL HOLE DIRECTIONAL HOLE INJECTION DISPOSAL WATER SUPPLY 5. WELL LOCATION 185 TOWNSHIP RANGE COUNTY 23 14N 4 W 0klahoma 660 SOUTH LINE SW 330 660 feet from nearest unit or property boundary. Well will be 1 former WELL NUMBER & LEASE NAME: Jea<u>ne</u>tte McKee #1-23 9/ NAME OF OPERATOR: Thomas Engineering, Inc PHONE (AC/NUMBER) ADORESS 701 West Hefner Road ZIP CODE CITY 0 K 73114 Oklahoma City 10 SURFACE OWNER (ONE ONLY ATTACH SHEET FOR ADDITIONAL DIMMERS 8 ž <u>The City of</u> Bet<u>h</u>any PHONE (AC/NUMBER) Is well located on lands under federal junsdiction. ADDRESS 6700 NW 36th 405 789-5005 23 sec JEANETTE CITY STATE ZIP CODE 73008 0 K Bethany 13. DATE OPERATION TO BEGIN 14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN) Immediat Perry Gas Sand 2) MCKE 8) 4) 9) 10) 15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): None 16 PENDING APPLICATION C.D. NO. 18. INCREASED DENSITY ORDER NO 17. LOCATION EXCEPTION ORDER NO 19 TOTAL DEPTH 21. BASE OF TREATABLE WATER 23. ALT CASING RROG USED? 24 ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REGUIRED, 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 by use of a two stage cementing tool 25.1 PITUNEORMATION: Using more than one pit or mud system? If yes, fill out line 25.2 on top reverse side. A TYPE OF MUD SYSTEM: WATER BASED OIL BASED GAS BASED (AIR DRILL) 8 EXPECTED MUDICHLORIDE CONTENT. maximum If off-site, specify location: C TYPE OF PIT SYSTEM: off-site on-site: IS DEPTH TO TOP OF GROUND WATER GREATER THAN 10 FT BELOW BASE OF PIT? WITHIN 1 MILE OF MUNICIPAL WATER WELL? F-WELLHEAD PROTECTION AREA? A CATEGORY OCC USE ONLY Non-HSA 17520 C\_Special area or held rule? D DEEP SCA? F SOIL OF GEOMEMBRANE LINER REQUIRED? 20 mil GEOMEMBRANE LINER REQUIRED? 27 PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED) A. Evaporation/dewater and backfitting 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 NO 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. Jack L. Thomas PHONE (ACINUMBER) 405-755-5622 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 25.2 PIT INFORMATION

A TYPE OF MUD SYSTEM

B. EXPECTED MUD CHLORIDE CONTENT

\_\_\_\_OIL BASED

GAS BASED (AIR DRILL)

WATER BASED

maximum:

|  | CHISTOR PRING | 28. Locate Bottom Hole  | Z310   | 0931          | Oce   | 3300 | 23:0   | 0591                        | 88                  |                                 |   | if more than two drawnfoles are proposed, attach separate sheet indicating the necessary information. | Descend that he seems in our was market.     Please note the horizontal drainfole and its end point must be tocated. | A 0 9  | Keares (A. 14. 14.) Despect producing interval | formation to the surface.  | request that the sours and precautions to be taken.   | A CONTRACTOR OF THE CONTRACTOR |                   |         |  |        |  |                    |   |                                       |  |           |  |
|--|---------------|-------------------------|--|---------------|---|------|--|-----------------------------|---------------------|---------------------------------|---|---|--|--|--|--|---|--|-------------------|---------|--|--------|--|--------------------|---|---------------------------------------|--|-----------|--|
| PIT IZ C TYPE OF PIT SYSTEM ON-site of Fishe specify location of Site specify location of IS DEPTH TO TOP OF GROUND WATER GREATER THAN 10 F1 SELOW BASE OF PIT?  V N N |               | 78 2 3 4<br>Xoset Bedro | E SOLL OF GEOMETIMEN REQUIRED?  Y N ZO INFO GEOMETIMEN REQUIRED?  Y  N SOL OF GEOMETIMEN REQUIRED?  Y  N SOLL OF GEOMETIMEN REQUIRED?  Y  N SOLL OF GEOMETIMEN REQUIRED?  Y  N SOLL OF GEOMETIMEN REQUIRED?  Y | D REET FROM O | 1/4 1/4 1/4 SECTION LINES True Vertical Depth Bit. from Lease, Unit. Or Prope | 11   | DAMN HOLE FIT. SEC. TWP ROE COUNTY TO SOLIH INF. WESTINE | 1/4 SECTION LINES Direction | True Vertical Depth | DRAM HOLE AZ SEC TWP RGE COUNTY | SPOT LOCATION THE 1/4 1/4 SECTION LINES from SOUTH LINE from WEST LINE 1/4 1/4 SECTION LINES: | sport of Deveation Radius of Turn Direction (Total Length   | Setured Total Legan from Name, unit  | 31. AFFDANT FOR ALTERNATIVE CASING PROGRAM 1. This well WILL WILL WILL WILL WILL NOT penetrate any known lost circlation zones. 2. During the drifting of this well, withforewas from any water well writer to find the mile of this well. Will the mile of this well writer water wells in the processed depth of the well is IN NOT less than 100 feet from the top of any enhanced recovery project or gas storage facility. 4. List the following for all writer wells within 1/4 mile of this well. (information concerning some week myste coberned from the DKLAHCHAMA WATER RESOURCES BOARD, 2800 N Charcocker, OK 73116) If NO WATER WELLS FOUND SO STATE: (ATTACH ADDITIONAL SHEET IF NECESSARY) | Name of Owner/Operator Location (              | 5. A coment bond tog is required to be fun and submilled from not less then 100 feet below the base of the treatable water-bearing formation to the surface.  6. If section denth is more than 250 feet deeped the treatable water-bearing formation to character and submission to the surface. | O. R. LEGARO, COLUMN MAIN LOUIS WALL LOUIS WHICH WERE REMEMBER WASHINGTON WITH COLUMN | 18-04 APPROVED REJECTED 1 SUMETY TO SUME THE CONTRIBUTION OF SUME SUMEY TO SUME SUMEY TO SUME SUMEY TO SUME SUMEY SUMEY SUMEY OF SUMEY SUM | #URV LAW 2 WIENTS | SXX SXX | DO NOT WRITE INSIDE THIS BOX  1. Insufficient amount Requires  2. Insufficient Alternate Casing Program.  3. No Anta-in Submitted to Alternate Casing Program.  3. No Anta-in Submitted to Alternate Casing Program. | 5<br># | C. SPACED SPACIANG ORDER No. 1 Square pattern 2.5, 10, 40, 150, 540 2 Rectangular pattern 5, 20, 80, 320 | WWYSE OR NEISW   1 | 1 Surface hole location officers 2 Bottom hole location different E PSNONG APPLICATION SpacingLocation Exception C D No | F OPEDATOR NAME DIFFERENT in order No | Location Exception Exception Exception Exception Exception Exception Exception EXPRED  Observation Express  Obs | eck 38555 | SMLA CORP SONM TR(EIRT INGALOSIS<br>Date: 01/27/2009 |

Rule 165:10-3-25
ORIGINAL
AMENDED

# COMPLETION REPORT OKLAHOMA CORPORATION COMMISSION Oil & Gas Conservation Division

402092022

Form 1002A Rev. 2001

Recomplete 405 PRRY COMPLETION & TEST DATA BY PRODUCING FORMATION 109-4962 Reason Amended Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000 FORMATION PLEASE TYPE OR USE BLACK INK ONLY Perry Gas Sand NOTE: Attach copy of original 1002A if recompletion or reentry SPACING & SPACING TYPE OF DRILLING OPERATION None ORDER NUMBER X STRAIGHT HOLE \_\_\_ DIRECTIONAL HOLE HORIZONTAL HOLE CLASS: Oil, Gas, Dry, if directional or horizontal, see reverse for bottom hole location. 011 SEC 23 Ini, Disp, Comm Disp 1 4 N OKLAHOMA 4780-4782 LEASE NAME WELL NO. JEANETTE MCKEE #1 - 23w PERFORATED INTERVALS SH W/4 SW 1/4 1/4 1/4 660 FSL 660 FWL OF 1/4 SEC Ground 1031 | SPUD DATE | 1-21-1976 ELEVATION Derrick FI 1041 ACID/VOLUME | WELL COMPLETION 3 - 2 - 1976 Nο DRLG FINISHED 2-14-1976 Fracture Treated? RECOMP DATE 2-3-2004 1ST PROD DATE 2 - 28 - 1976 Νo LOCATE WELL Fluids Amounts OPERATOR NAME J.L. Thomas Engineering, Inc. OTC/OCC OPERATOR NO. 02165 INITIAL TEST DATA INITIAL TEST DATE ADDRESS 701 W. Hefner Road 2-3-2004 Oklaho<u>ma</u> OIL-BBL/DAY 73114 Öklahoma City 20 COMPLETION TYPE OIL OR GAS ZONES OIL-GRAVITY ( API) 320 TOP SINGLE ZONE BOTTOM FORMATIONS Х GAS-MCF/DAY 147 MULTIPLE ZONE ORDER NO. 4772 4789 Perry Gas Sand GAS-OIL RATIO CU FT/BBL 7350 COMMINGLED ORDER NO. WATER-BBL/DAY 0 LOCATION EXCEPTION ORDER NO. PUMPING OR FLOWING Flowing INCREASED DENSITY ORDER NO INITIAL SHUT-IN PRESSURE 1500 psig PENALTY CHOKE SIZE 8/64 CASING & CEMENT (Form 1002C must be attached) FLOW TUBING PRESSURE TYPE WEIGHT GRADE FEET SAX FILLUP TOP 580 Conductor A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have Surface knowledge of the contents of this report and are authorized by my organization to make this report, which was prepared SURFACE 8 5/8 24 J 5 5 810 810 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 prowledge and belief. intermediate Production 4650 625 1946 Jack L. Thomas 4 1/2 10.5 J55 6596 NAME (PRINT OR TYPE) SIGNATURE Liner Oklahoma City OK 73114 701 W. Hefner Road BRAND&TYPE Baker R-3 6611 4713 PACKER @ TOTAL DEPTH ADDRESS STATE 5240 Arrow 405-755-5622 02-05-2004 PLUG @ DATE PHONE NUMBER

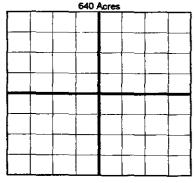
Give formation names and tops, if available, or descriptions and thickness of formations LEASE NAME drilled through. Show interevals cored or drillstem tested.

| diffica bij obgit. Offor filler tals cored of bijliateliji test  |  |   |
|--|--|---|
| NAMES OF FORMATIONS  | ТОР  | воттом  |
| SURFACE SAND & SHALE SHALE & SANDY SHALE SAND & SHALE LIME SAND & SHALE LIME & SHALE SANDY SHALE SAND SHALE LIME SHALE SHALE | 0<br>800<br>1230<br>3070<br>3114<br>5460<br>6195<br>6323<br>6345<br>6380<br>6570 | 800<br>1230<br>3070<br>3114<br>5460<br>6195<br>6323<br>6345<br>6380<br>6570<br>6611 |

| DISAPPROVED | OR COMMISSION USE ONLY  1) ITD Section |
|-------------|--|
|             | a) No intent to Drill on file          |
|             | 1) Send warning letter                 |
|             | 2) Recommend for contempt              |
|             | 2) Reject Codes                        |
|             |  |
|             |  |
|             |  |
|             |  |

| Data Last last una pur  |     |    |                 |
|---|-----|----|-----------------|
| Date Last log was run   |     |    |                 |
| Was CO <sub>2</sub> encountered?  | yes | no | at what depths? |
|   |     |    |                 |
| Was H₂S encountered?  | yes | no | at what depths? |
| Was H <sub>2</sub> S encountered? Were unusual drilling circumstiff yes, briefly explain. |     |    | at what depths? |
| Were unusual drilling circumst  |     |    |                 |

Other remains:



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

Direction must be stated in degrees azimuth

ase 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.

| SEC           | TWP      |     | RGE             | COUNTY   |     | -                                   |      |     |
|---------------|----------|-----|-----------------|----------|-----|-------------------------------------|------|-----|
| Spot Location | <u> </u> |     | L               | <u> </u> |     | Feet From Quarter Section Lines     |      |     |
| 1/4           |          | 1/4 | 1/4             |          | 1/4 | }                                   | FSL  | FWL |
| Measured To   | ai Depth |     | True Vertical D | epth     |     | BHL From Lease, Unit, or Property L | ine: |     |

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES) DRAINHOLE #1 RGE COUNTY Feet From Quarter Section Lines FSL FWL Depth of Deviation Radius of Turn Direction Total Length Measured Total Depth True Vertical Depth End Pt Location From Lease, Unit or Property Line:

| SEC          | TWP        |      | RGE            | COUNTY    |                    |                        |      |
|--------------|------------|------|----------------|-----------|--------------------|------------------------|------|
| Spot Locatio | n n        |      | <del></del>    |           | Feet From Quarte   | r Section Lines        |      |
|              | /4         | 1/4  | 1/4            | 1/4       |                    | FSL                    | FWL. |
| Depth of De  | viation    |      | Radius of Turn |           | Direction          | Total Length           |      |
| Measured T   | otal Depth | True | Vertical Depth | End Pt Lo | cation From Lease. | Unit or Property Line: |      |

| Instructions   | OKLAHOMA CORPORA                 | ATION COMMISSION  |             |              | 70           | 1 7         | QΛ          | 62                                      | 2 Form                  | m 1073    |
|--|----------------------------------|---|-------------|--------------|--------------|-------------|-------------|---|-------------------------|-----------|
| A. Please type or print using black ink.   | Oil & Gas Conser                 | vation Division   |             |              | 10           | JI          | OV          | UJ                                      | Fee Rev.                | . 2001    |
| B. Form must be signed by former operator and new operator.                            | Post Office I                    |   |             |              |              | <del></del> | 5280 ft     |   |                         |           |
| C. Outline boundaries of lease and spot well being transferred.                        | Oklahoma City, C                 | K 73152-2000  | 2310        |              |              |             |             |   | 1 1                     | . 1       |
| D. Attach 1002A for well.  | The section of                   | O   | 2510        | - <i>j</i> - | -            |             |             |   | +                       |           |
| E. Questions should be directed to Well Records (405) 521-2275.                        | Transfer of<br>OAC 165:          | -   | 1650        |              |              | 1           |             | - 1                                     | 1 1                     | . 1       |
| API No. 109-20233-A OTC Prod U   | ait No.                          | 0-0000  | 990'        |              |              |             |             | 1                                       |                         | $\exists$ |
| Location Sec   | Twp. 1/14                        | Pas   |             |              |              |             |             | 1                                       | $\dagger \lnot \dagger$ | 一         |
| 1/4 1/4 SW 1/4 SW 1/4  | 22 141                           | 1 1 4 W   | 330'        | <b></b>      |              |             |             |   | 4                       |           |
| Ft FSL of Qtr Sec / Ft FWL of Qtr Sec /  | County                           | ilahoma   | 2310        |              |              |             |             |   |                         | 1         |
| Current Well Name/No   |                                  |   |             |              |              |             |             |   |                         |           |
| Original Well Name/No.   | #1-23                            |   | 1650        |              |              |             | +           | -                                       | +                       | $\dashv$  |
| Unit Name (if applicable)  |                                  |   | 990'        |              | •            | $\dashv$    | -           | -                                       | ++                      | -         |
| <u></u>  |                                  |   | 330′        |              |              | N acesta V  |             | rid Above                               |                         |           |
| Well Class: Gas Dry Plugged  |                                  |   |             |              |              | Lacine      | VOLUE G     | ING ABOVE                               |                         |           |
| Producing formation(s)   | rry Gas Sa                       | -d  |             |              |              |             |             |   |                         |           |
| Oil Transporter/Purchaser, Semeruse Pipeline Co.                                       | Ĺ.P.                             |   |             | OT           | C No.        | 20          | 851         |   |                         |           |
| Gas Measurer Drake Energy Field S  | ervices DCf                      | Midstrea  | Δ           | OT           | C No.        | طا          | 136         | λ                                       |                         |           |
| The effective date of transfer of this well for the purposes of Commiss                | sion records, is the date the    |   |             | M.           |              |             |             |   |                         |           |
| CURRENT OPERATOR   |                                  | NEW OPERATOR  | <u> </u>    |              |              |             |             |   |                         |           |
| Name L. Thomas Engr. Inc   | 02165                            | Te-Ray  | SOU AL      | esi          | Ī            | ne          |             | OCC No.                                 | 522                     | 2         |
| 701 W Hefner   |                                  | 1105 50Ve   | reic        | in.          | R            | ں ں         | <u>ح</u>    | ite                                     | C                       |           |
| Okla, City State OK  | Zip 73114                        | Öklahoma  | Cit         | ly           | State        | UK          |             | Zip<br>73/                              | <u>08</u>               |           |
| 403-755-3622 405-751   |                                  | Phone No. 405-232-4   | 1/2/        | $\sigma$     | FAX N<br>405 | -2          | 32          | -41                                     | 70                      |           |
| I verify that I am the legal operator of record with authority to transfer op<br>well. | eratorship of this               | Being the new operator, as of<br>presented as being true and co |             |              |              |             |             |   |                         | 1         |
| 1111   |                                  | on the described property.                                      | AICA MA     |              |              |             |             |   | MCIT                    |           |
| 41/1   |                                  |   |             |              | $\leq$       |             |             |   |                         |           |
| Jack L. Thomas Pr  | resident                         | Signature<br>B. Dean L  | Mann        | ın a         | <b>i</b>     | Poc         | ٦<br>510    | len                                     | L                       |           |
| Name & Title (Typed or Printed)  | 2,00                             | Name & Title (Typed or Prin                                     |             | ,0           | _            |             | <b>1</b> 1. | 1                                       | alest F                 | ,         |
| Signed and swom to before me this day of   | 2007                             | Signed and swant is before to                                   | <b>9/09</b> | 1            | day of       | 4           | <u>Iay</u>  |   | <u>00.7</u>             | $\dashv$  |
| May C.   | ones                             | The same  | 10.130 A    | メ            | Del          |             | <u> </u>    | <u>wr</u>                               | <u>1</u>                | <u></u>   |
| My coronnission expires: 01-30-2009 #000   | 20574                            | My commission expires   | WK/Fr.      | Notary       | Public       |             | '           |   |                         |           |
| I verify under outh that I have exercised due diligence in attempting to loc           | cate the current operator of re- | cord according to OCC records                                   | i, who has  | abandos      | ed the       | above we    | li/lease a  | ad                                      |                         |           |
| cannot be located to obtain signature. I have attached a copy of the cert              | tified recorded assignment o     | f lease.  |             |              |              |             |             |   |                         |           |
| ok per Utt/lox   |                                  |   |             |              |              |             |             |   |                         |           |
| - , , ,  |                                  | Signature   |             |              |              | <del></del> |             |   |                         | —         |
|  |                                  | Signature   |             |              |              |             |             |   |                         |           |
| Signed and sworn to before me this day of  |                                  | •   |             |              |              |             |             |   |                         |           |
|  |                                  | Notary Public   |             |              |              | *******     |             | *************************************** |                         |           |
| My commission expires:   |                                  | -   |             |              |              |             |             |   |                         |           |
|  | V 0.0 0007                       |   | _           |              |              |             |             |   |                         |           |
| Surety Dept. Approved Rejected Date  | Y 23 2007                        | Well Records Dept.  | Approved    |              | Rejecto      | d D         | ate         | MAY                                     | 2 4                     | 2007      |
| NOTE: By processing this Form 1073, the Oklahoma Corporation Cor                       | mmission has approved the co     | V   |             | •            | tation C     | 'ommisei    | on does n   | <b>7</b> Λ/I                            |                         | 10        |

### OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000 Rule 165: 10-3-25

#### **PLUGGING RECORD**

OAC 165:10-1-10

**WELL INFORMATION** 

Plug Date: February 20, 2014

**API No:** 3510920233

Well #: 1-23 Well Name: JEANETTE MCKEE

Operator: TE-RAY RESOURCES INC Operator #: 20522

Section: 23 Township: 14N Range: 4W Meridian: Indian

1/4: CSW4 1/4: SW4 1/4:

Total Depth: 0 Base of Treatable: Water: 0 Well Classification: OIL

**CONTACT INFORMATION** 

Contact Name: Justin Manning Telephone: 7137752000

Address 1: 1105 SOVEREIGN ROW UNIT C Address 2:

City: OKLAHOMA CITY State: OK Zipcode: 73108-1867 Country: US

Email Address: Fax:

PIPE RECORDS

| String Name | Size  | Run  | Pulled |   | From Depth | To Depth |
|-------------|-------|------|--------|---|------------|----------|
| SURFACE     | 8.625 | 810  | 0      |   | 4780       | 4782     |
| PRODUCTION  | 4.5   | 6593 | 1909   | · |            |          |

#### **PLUGS**

| Plug Type     | Hole Size | Depth | No. Sacks of Cement | Slurry Volume | Calculated TOC | Top of Plug |
|---------------|-----------|-------|---------------------|---------------|----------------|-------------|
| CIBP +<br>CEM | 4.5       | 4740  | 2                   | 10            | 4730           | 4730        |
| CEM           | 8.625     | 910   | 75                  | 200           | 710            | 705         |
| CEM           | 8.625     | 34    | 10                  | 30            | 4              | 4           |

Remarks:

Reason For Plugging: UNECONOMICAL

#### **CEMENTER CERTIFICATION INFORMATION**

Name: Title:

Company Name: CARL HUMPHRIES, INC. Permit No: 744

Address 1: Address 2: P.O. Box 514

City: PIEDMONT State: OK Zipcode: 73078 Phone: (405) 373-3678

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.

Electronic Signature: TE-RAY RESOURCES INC

March 04, 2014 1 of 1

#### FIELD SUPERVISORS WELL REPORT

Form 1059-0 Rev-01/12

Oklahoma Corporation Commission Oil & Gas Conservation Division

Range: 4W

CSW4

#### **WELL INFORMATION**

API No: 3510920233

Plugging Date:

Feb 20, 2014

Well Name: JEANETTE MCKEE

Well #: 1-23

Operator: TE-RAY RESOURCES INC

Operator #:

20522

Section: 23

Township: 14N

Meridian:

**INDIAN** 

SW4

County: OKLAHOMA

Total Depth: 6611

Base of Treatable Water: 580

Well Classification: OIL

Lat: 35.668792

**CONTACT INFORMATION** 

Long: -97.60009

Contact Name: Justin Manning

Street: 1105 SOVEREIGN ROW UNIT C

PO Box:

City: OKLAHOMA CITY

State: OK

Zipcode: 73108-1867

REB 21 2014 OKLAHOMA CORPORATION COMMISSION KINGFISHER OFFICE

#### **CASING RECORDS**

| String Name | Size  | Run  | Pulled |
|-------------|-------|------|--------|
| Production  | 4.5   | 6596 | 1918   |
| Surface     | 8.625 | 810  | 0      |

#### **PLUGS**

| Plug Type | Hole Size | Depth | No. of Sacks | Slurry Volume | Calculated TOC | Top of Plug |
|-----------|-----------|-------|--------------|---------------|----------------|-------------|
| CIBP      |           | 4740  | 1            |               | 4730           | 4730        |
| Blk Cmt   |           | 34    | 10           |               |                | 4           |
| Blk Cmt   |           | 910   | 75           |               |                | 705         |

Remarks: Set CIBP at 4740' with 2 sx cx. Cut 4 1/2" at 1918'. Pulled out of hole. Pumped 75 sx cx from 910' to 710'. Tagged at 705'. Pumped 10 sx cx from 34' to 4'. Cut 8 5/8" off 4' below ground level. Weld on ID plate.

#### **CEMENTER INFORMATION**

Name:

Title:

Company Name: CARL HUMPHRIES, INC.

Permit No: 744

PO Box: P.O. Box 514

Street:

City: PIEDMONT

State: OK

**Zipcode:** 73078

Phone: (405) 373-3678

OCC Representative Signature:

RICH CARLSON

API NO.

109-20233A OTC PRODUNIT NO.

109-49621 PLUGGING DATE

02/20/2014 Well Name/No.

Location: SW

Total Depth

PIPE RECORD

#### TYPE OR USE BLACK INK SEE REVERSE FOR INSTRUCTIONS

JEANETTE MCKEE 1-23

660 Ft. FSL of 1/4 Sec

1/4

1/4 SW 1/4

#### OKLAHOMA CORPORATION COMMISSISON

Oil and Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000 PLUGGING RECORD

OAC 165:10-11-7

14N

Well Classification

FEB 27 2014

**OKLAHOMA** 

OKLAHOM OORPORATION COMMISSION RENGESTER OFFICE

Form 1003/1003C

(Rev. 2001)

6611' 580' OIL Locate Well on Grid **OPERATOR** OTC/OCC No. TE-RAY RESOURCES, INC 20522 Address Phone 1105 SOVEREIGN ROW UNIT C (405)232-4121 Zip City State **OKLAHOMA CITY** OK 73108

Twp

County

| Γ | Size        | Run (ft) | Pulle | d (ft)    |
|---|-------------|----------|-------|-----------|
| Γ |             |          |       | Conductor |
|   | 8 5/8"      | 810'     | 0     | Surface   |
|   |             |          | 1,    | I.C.      |
|   |             | <u> </u> |       | I.C.      |
| r | 4 1/2"      | 6596'    | 1909' | P.C.      |
| F |             |          |       | Lnr.      |
| ∟ | <del></del> |          |       | 1         |

23

660 Ft. FWL of 1/4 Sec

Base of Treatable Water

| Set 1 - | From | 4780' | To | 4782' |
|---------|------|-------|----|-------|
| Set 2 - | From |       | То |       |
| Set 3 - | From |       | То |       |
| Set 4 - | From |       | То |       |

| Plug | Type of Plug | Hole Size or<br>Pipe Size | Depth | No. Sacks<br>Cement | Slurry<br>Volume | Calculated<br>TOC | Measured Top of Plug If Tagged |
|------|--------------|---------------------------|-------|---------------------|------------------|-------------------|--------------------------------|
| 1    | CIPB + CEM   | 4 1/2"                    | 4740' | 1.5                 | 10'              | 4730'             | 4730'                          |
| 2    | CEMENT       | 8 5/8"                    | 910'  | 75                  | 200'             | 710'              | 705'                           |
| 3    | CEMENT       | 8 5/8"                    | 34'   | 10                  | 30'              | 4'                | 4'                             |
| 4    |              |                           |       |                     |                  |                   |                                |
| 5    |              |                           |       |                     |                  |                   |                                |

REMARKS

Reason for Plugging:

| CEMENTER | CERTIFICATION |
|----------|---------------|
|          |               |

al

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.

certify all cementing data is true, correct and complete Signature

02/22/2014

State

OK

Date

Name and Title Typed or Printed

**CARL HUMPHRIES - PRESIDENT** 

Company Name: **CARL HUMPHRIES INC**  Permit No.

Address P.O. BOX 514 744 Phone

City **PIEDMONT** 

(405)373-3678 Zip 73078

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.

Date Name and Title Typed or Printed Signature

& We

5-2014 MANNING 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 Inspecto