

## NOTIFICATION OF WELL SPUD

OKLAHOMA CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
P. O. BOX 52000-2000  
OKLAHOMA CITY, OKLAHOMA 73152-2000  
(RULE NO. 165: 10-3-2)



OTC/OCC Operator Number: 10537-0

API Number: 109-22098

DATE: 02/08/2001

Date of Well Spud/Re-Entry: 6/4/01

Name of  
Operator: INTER-STATES OIL & GAS, INC.  
Address: 200 N HARVEY AVE STE 1702  
OKLAHOMA CITY OK 73102

Phone: (405) 236-3235

WELL LOCATION

Lease Name: BERG

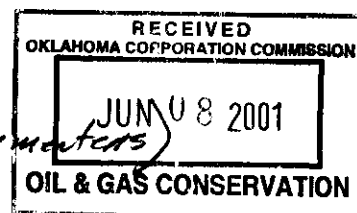
Well Number: 1-18

Location: 18-14N-03W  
NE4 SW4 SW4  
OKLAHOMA

INSTRUCTIONS (PLEASE FOLLOW)PLEASE TYPE OR USE BLACK INK

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

Surface Casing Cement by (If Job Completed)

Name: American Energy Services (Eastern Cementers)Address: PO Box 1704City: Seminole State: OKZip Code: 74868

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.

Ralph T. Edwards  
Name

Mge  
Title

API No.  
**109-22098**

OCC/OTC Operator No.  
**10537**

**CEMENTING REPORT**  
To Accompany Completion Report

**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		OCC District	
*Operator <b>Inter-States Oil &amp; Gas, Inc</b>		OCC/OTC Operator No. <b>10537</b>	
*Well Name/N. <b>BERG #1-18</b>		County <b>OKLA</b>	
*Location 1/4 <b>NE 1/4</b> 1/4 <b>SW</b>	Sec <b>18</b>	Twp <b>14 N</b>	Rge <b>3 W</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		<b>6-4-01</b>				
*Size of Drill Bit (Inches)		<b>12 1/4</b>				
*Estimated wash or hole enlargement used in calculations		<b>100</b>				
*Size of Casing (inches O.D.)		<b>8 5/8</b>				
*Top of Liner (if liner used) (ft.)		<b>-</b>				
*Setting Depth of Casing (ft.) from ground level		<b>721</b>				
Type of Cement (API Class)		<b>A</b>				
In first (lead) or only slurry		<b>A</b>				
In second slurry		<b>A</b>				
In third slurry		<b>-</b>				
Sacks of Cement Used		<b>250</b>				
In first (lead) or only slurry		<b>100</b>				
In second slurry		<b>-</b>				
In third slurry		<b>-</b>				
Vol of slurry pumped (Cu ft) (14.X15.) in first (lead) or only slurry		<b>380</b>				
In second slurry		<b>118</b>				
In third slurry		<b>-</b>				
Calculated Annular Height of Cement behind Pipe (ft)		<b>Circulated</b>				
Cement left in pipe (ft)		<b>40.30</b>				

*Amount of Surface Casing Required (from Form 1000)	<b>600</b>	ft.
---	------------	-----

*Was cement circulated to Ground Surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	*Was Cement Staging Tool (DV Tool) used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
*Was Cement Bond Log run? Yes <input type="checkbox"/> No (If so, Attach Copy) <input type="checkbox"/>	*If Yes, at what depth? <input type="text"/> 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.

*Gene Fernel*  
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.

*R. Edwards, Jr. Mgr*  
Signature of Operator or Authorized Representative

Name & Title Printed or Typed

Cementing Company

Eastern Cementers

Address

P.O. Box 1704

City

Seminole

State

Oklahoma

Zip

74868

Telephone (AC) Number

405-382-2100

Date

Name & Title Printed or Typed

Operator

*R. Edwards, Jr. Mgr*

Address

*Inter-States Oil & Gas, Inc*

City

*200 N HARVEY, Ste 1702  
OKLA. CITY*

State

*OK*

Zip

*73102*

Telephone (AC) Number


*405-236 3235*

Date

*9-4-01*

### INSTRUCTIONS

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

		<u>Ralph L. Edwards, Jr.</u>	
SIGNATURE		NAME (PRINT OR TYPE)	
<u>200 N. Harvey, Suite 1702, Oklahoma City, Ok. 73102</u>			
ADDRESS		CITY	STATE ZIP
<u>8-31-2001</u>		<u>(405) 236-3235</u>	
DATE		PHONE NUMBER	

PLEASE TYPE OR USE BLACK INK ONLY

FORMATION RECORD

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

LEASE NAME

Berg

WELL NO.

#1-18

NAMES OF FORMATIONS	TOP	BOTTOM
Douglas	4450	4800
Hogshooter	5294	5380
Checkerboard	5498	5414
Cleveland	5518	5680
Big Lime-Oswego	5980	6044
Bartlesville	6158	6204
Hunton	6207	6398
Viola	6503	6575
Simpson Dolomite	6584	6700
2nd Wilcox	6807	TD

FOR COMMISSION USE ONLY	
APPROVED <i>[Signature]</i>	DISAPPROVED
1) ITD Section	
a) No intent to Drill on file	
1) Send warning letter	
2) Recommend for contempt	
2) Reject Codes	
109-23098	

Were open hole logs run?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Date of final run	6-20-01	
Was CO2 encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Was H2S encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If yes, briefly explain		

Other remarks

640 Acres


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.

BOTTOM HOLE LOCATION

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

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

API No.  
**109-22098**

OCC/OTC Operator No.  
**10537**

**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 \_\_\_\_\_ OCC District \_\_\_\_\_

\*Operator **INTER-STATES OIL & GAS, INC** OCC/OTC Operator No. **10537**

\*Well Name/N. **BERG 1-18** County **OK**

\*Location **NE 1/4 SW 1/4 SW 1/4** Sec **18-14N-3W** Twp **14N** Rge **3W**

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production string	Liner
Cementing Date					<b>6-21-01</b>	
*Size of Drill Bit (Inches)					<b>7 7/8</b>	
*Estimated % wash or hole enlargement used in calculations					<b>100%</b>	
*Size of Casing (inches O.D.)					<b>5 1/2</b>	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					<b>6903</b>	
Type of Cement (API Class)						
In first (lead) or only slurry					<b>50/50/2 #2</b>	
In second slurry						
In third slurry						
Sacks of Cement Used					<b>900</b>	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft) (14.X15.)					<b>192</b>	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					<b>6800</b>	
Cement left in pipe (ft)					<b>39' shoe</b>	

\*Amount of Surface Casing Required (from Form 1000) **600'** 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.

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.

*Bob Douthett*

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.

*R. Edwards Jr*

Signature of Operator or Authorized Representative

Name & Title Printed or Typed  
**Bob Douthett Cementer**  
Cementing Company  
**Eastern Cementers**

Address  
**P.O. Box 1704**

City  
**Seminole**

State  
**Oklahoma** Zip  
**74868**

Telephone (AC) Number  
**405-382-2100**

Date  
**6-21-01**

Name & Title Printed or Typed  
**RL Edwards Jr Men**  
\*Operator  
**Inter-States Oil & Gas, Inc**

\*Address  
**200 N Harvey, Ste 1702**

\*City  
**OKLA CITY, OK 73102**

\*State  
**OK** \*Zip  
**73102**

\*Telephone (AC) Number  
**405 2363235**

\*Date  
**6-4-01**

### INSTRUCTIONS

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  - 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
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- 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).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

PERMIT TO DRILL

## OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 10537-0

API Number: 109-22098

Approval Date: 02/08/2001

Expiration Date: 08/08/2001

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE

County: OKLAHOMA

Spot Location: NE4 SW4 SW4

Feet From: SOUTH 1/4 Section Line 1073 Feet From: WEST 1/4 Section Line 825

Lease Name: BERG

Well Type: OIL/GAS

Well Location: Sec: 18 Twp: 14N Rge: 03W

Feet from the nearest lease line: 825

Operator Name: INTER-STATE OIL &amp; GAS, INC.

TELEPHONE: (405) 236-3235

Surface Owner Address

TRACY S BILLS

7616 KATHRYN WAY

OKLAHOMA CITY OK 73162

Operator Return Address

INTER-STATE OIL &amp; GAS, INC.

200 N HARVEY, STE 1702

OKLAHOMA CITY OK 73102

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

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

(1) 405HGSR	HOGSHOOTER	5250	(2) 405CCKB	CHECKERBOARD	5475
(3) 404BGLO	BIG LIME-OSWEGO	5900	(4) 404BRVL	BARTLESVILLE	6125
(5) 269HNTN	HUNTON	6150	(6) 202SMPSD	SIMPSON DOLO	6750
(7) 202WLCX2	WILCOX 2	6750	(8) 202MCLS	MCLISH	7000
(9) 202OLCK	OIL CREEK	7200	(10) 169ABCK	ARBUCKLE	7300

Spacing Order Numbers: 447264

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:
			7700	1010	600	550

## PIT 1 INFORMATION:

Type of Pit System: CLOSED

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 4500 PPM; Average 3800 PPM

WITHIN 1 MILE OF MUNICIPAL WATER WELL.

WELLHEAD PROTECTION AREA.

Pit is located in a Hydrologically Sensitive Area.

Category of Pit:

Pit Location is Other HSA.

Pit Location Formation: FAIRMONT

## PIT 2 INFORMATION:

Type of Pit System: ON-SITE

Type of Mud System:

WATER BASED

Expected Chloride Content of Pit:

Maximum 4500 PPM; Average 3800 PPM

WITHIN 1 MILE OF MUNICIPAL WATER WELL.

WELLHEAD PROTECTION AREA.

Pit is located in a Hydrologically Sensitive Area.

Category of Pit: 1A

20 MIL GEOMEMBRANE LINER REQUIRED.

Pit Location is Other HSA.

Pit Location Formation: FAIRMONT

## Approved Method for disposal of Drilling Fluids:

Evaporation/Dewater and Backfilling of Reserve Pit.

Haul to Commercial Pit Facility at: Sec 31 Twp 12N Rge 08W County CANADIAN

20MIL LINED ONSITE SHALE PIT/STEEL TANKS

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

02/09/2001

PAGE 1 OF 1



## ReComplete in Checkerboard

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

207102008

Form 1012A  
Rev. 1/86

425 СС КВ

COMPLETION & TEST DATA BY PRODUCTION INFORMATION

PLEASE TYPE OR USE BLACK INK ONLY

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

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE      ☐ DIRECTIONAL HOLE      ☐ HORIZONTAL HOLE

If directed axial or horizontal see reverse for bottom hole location

COUNTY	Oklahoma	SEC	18	TWP	14N	RGE	3W
LEASE NAME	Berg	WELL NO	#1-18				
SURF	NW 1/4 NE 1/4 SW 1/4 SW 1/4	1073' FSL	825'	FWL OF 1/4 SEC			
ELEVATION	1103'	Ground	1091'	SPUD DATE	6-04-01		
DRILL FINISHED	6-23-01	WELL COMPLETION	8-07-01				
1ST PROD DATE	8-07-01	RECOMP DATE	5-25-02				

LOCATE WELL

OPERATOR NAME		Inter-States Oil & Gas, Inc.		OTC/OCC OPERATOR NO		10537	
ADDRESS							
200 N. Harvey, Suite 1702							
CITY				STATE		ZIP	
Oklahoma City,				OK		73102	

COMPLETION TYPE	
X	SINGLE ZONE
	MULTIPLE ZONE ORDER NO
	COMMINGLED ORDER NO
	LOCATION EXCEPTION ORDER NO
	INCREASED DENSITY ORDER NO
PENALTY	

OIL OR GAS ZONES		
FORMATIONS	TOP	BOTTOM
Hunton	6207	6398
Bartlesville	6158	6204
Skinner	6072	6135
Big Lime-Oswego	5980	6044
Cleveland	5518	5680
Checkerboard	5498	5414
Hogshooter	5294	5380
Douglas	4450	4800

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

[illegible]

PACKER 2 (2)

### BRAND & TYPE

TOTAL DEPTH

MUG 

6450'

**TYPE**

10M CIBP w/lsx cmt.

Retainer @ 5930' w/9' cmt on top (5921')

FORMATION	Checkerboard		
SPACING & SPACING ORDER NUMBER	160-447264		
CLASS On Gas Dry In Deep Comm Dep	Gas		
	5499'-5512'		
PERFORATED INTERVALS			
ACID/VOLUME	1000 gal 7 1/2%		
Fracture Treated?	Yes		
Fluids Amounts	5000 gal 15%		

INITIAL TEST DATA			
INITIAL TEST DATE	5-25-02		
OIL-BBL/DAY	TSTM		
OIL-GRAVITY ( API)	-		
GAS-MCF/DAY	21		
GAS-OIL RATIO CU FT/BBL			
WATER-BBL/DAY	33 BLW		
PUMPING OR FLOWING	P		
INITIAL SHUT-IN PRESSURE	360#		
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.

best of my knowledge and belief



SIGNATURE

Ralph L. Edwards, Jr.

NAME (PRINT OR TYPE) \_\_\_\_\_

200 N. Harvey, Suite 1702 Oklahoma City, OK 73102

ADDRESS

CITY

SIA

245

5-25-02

(405) 236-3235

DATE \_\_\_\_\_

PHONE NUMBER

PLEASE TYPE OR USE BLACK INK ONLY

# FORMATION RECORD

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

LEASE NAME

Berg

WELL NO.

#1-18

NAMES OF FORMATIONS	TOP	BOTTOM
Douglas	4450	4800
Hogshooter	5294	5380
Checkerboard	5498	5414
Cleveland	5518	5680
Big Lime-Oswego	5980	6044
Bartlesville	6158	6204
Hunton	6207	6398
Viola	6503	6575
Simpson Dolomite	6584	6700
2nd Wilcox	6807	TD

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>109 22098-A</u>	

Were open hole logs run?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Date of final run	6-20-01	
Was CO2 encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Was H2S encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no at what depths?
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
If yes, briefly explain		

Other remarks

640 Acres


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.

## BOTTOM HOLE LOCATION

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

PERMIT TO DRILL

## OKLAHOMA CORPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 10537-0

API Number: 109-22098-A

Approval Date: 01/02/2002  
Expiration Date: 07/02/2002

Notice of Intention To: RECOMPLETE

Type of Drilling Operation: STRAIGHT HOLE

Well Type: OIL/GAS

Well Location: Sec: 18 Twp: 14N Rge: 03W

County: OKLAHOMA

Spot Location: NW4 NE4 SW4 SW4

Feet From: SOUTH 1/4 Section Line 1073 Feet From: WEST 1/4 Section Line 825

Feet from the nearest lease line: 825

Lease Name: BERG

Well No: 1-18

Operator Name: INTER-STATES OIL &amp; GAS, INC.

TELEPHONE: (405) 236-3235

Surface Owner Address

TRACY S. BILLS

7616 KATHRYN WAY

OKLAHOMA CITY OK 73162

Operator Return Address

INTER-STATES OIL &amp; GAS, INC.

200 N HARVEY, STE 1702

OKLAHOMA CITY OK 73102

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

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

(1) 404BRVL	BARTLESVILLE	6125	(2) 404SKNR	SKINNER	/SD/	6050
(3) 404PRUE	PRUE	6000	(4) 404BGLO	BIG LIME-OSWEGO		5900
(5) 405CLVD	CLEVELAND	5500	(6) 405CCKB	CHECKERBOARD		5475
(7) 405LYTNT	LAYTON TRUE	5350	(8) 405HGSR	HOGSHOOTER		5250
(9) 405OSGL	OSAGE LAYTON	4950	(10) 406DGLS	DOUGLAS		4450

Spacing Order Numbers: 447264

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:
			6879	1091	721	545

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 1024

1. OTISCO OPERATOR NUMBER  
10537

2. AIR NUMBER  
109-22098 A

OKLAHOMA CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
JIM THORPE BUILDING  
P.O. BOX 52000-2000  
OKLAHOMA CITY, OK 73152-2000  
(RULE 156-10-3-1)

BATCH NUMBER (OCC USE ONLY)

12281206

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

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

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

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

### WELL LOCATION

SECTION 18	TOWNSHIP 14N	RANGE 3 W	COUNTY Oklahoma
SPOT LOCATION: NW 1/4 NE 1/4 SW 1/4 SW 1/4			FEET FROM QUARTER SECTION LINES from SOUTH LINE 1073' from WEST LINE 825'

7. Well will be 825' feet from nearest lease, unit or property boundary.

2. LEASE NAME: Berg WELL NUMBER: #1-18

8. NAME OF OPERATOR.  
Inter-States Oil & Gas, Inc.

ADDRESS 200 N. Harvey, Suite 1702 PHONE (ACNUMBER)

CITY Oklahoma City, STATE OK ZIP CODE 73102

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

Tracy S. Bills

ADDRESS 7616 Kathryn Way

CITY	Oklahoma City,	STATE	OK	ZIP CODE	73162
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14 LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)

1) Bartlesville	6125'	404 BRUL	6) Checkerboard	5475'	405 CCKB
2) Skinner	6050'	404 SKNR	7) True Layton	5350'	405 LYTN
3) Prue	6000'	404 PRUE	8) Hogshooter	5250'	405 HGSR
4) Big Lime-Oswego	5900'	404 BGLD	9) Osage Layton	4950'	405 OSLW
5) Cleveland	5500'	405 CLUD	10) Douglas	4450'	406 DGLS

1. PLACING ORDER NUMBER(S) AND SIZE UNIT(S)

Order 447264 160 Acre

16. PENDING APPLICATION C.D. NO.	17. LOCATION EXCEPTION ORDER NO.	18. INCREASED DENSITY ORDER NO.
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19. TOTAL DEPTH	20. GROUND ELEV	21. DEPTH TO BASE OF TREATABLE WATER	22. SURFACE CASING	23. CASING PROG
6879	1091	500 545	721	USED? <input checked="" type="checkbox"/>

ALTERNATIVE CASING PROCEDURE check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 61)

\_\_\_ A. Cement will be circulated from total depth to ground surface on the production casing string

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

NA

A. Type of mud system \_\_\_\_\_ water based, \_\_\_\_\_ oil based, \_\_\_\_\_ gas based (as drilled)

B. Expected mud chloride content, maximum \_\_\_\_\_ ppm, average \_\_\_\_\_ ppm

PIT # 1 C. Type of PR 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? X Y N

~~P~~ Wellhead Protection Area Y Y N

1. OFF USE ONLY						N						
A. Category	1A	1B	2	3	4							
B. Pit Location	Alluvial Plain/Terrace Deposit		Bedrock Aquifer		Other HSA		Non-HSA; Pm					F311000001 S63

C. Special area or field note? \_\_\_\_\_ 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 20 ml 30 g

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

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

NA (

- ☐ 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 freshest 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: *Ralph L. Edwards, Jr.* NAME (Print or Type) **Ralph L. Edwards, Jr.** PHONE (AC/NUMBER) **(405) 236-3235** DATE **12-13-01**

**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

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

OFF-SITE PIT #

26.2. OCC USE ONLY  
 A. Category 1A 1B 2 3 4 5m  
 B. Pit Location: Alluvial Plain/Terrace Deposit            Bedrock Aquifer            Other HSA            Non-HSA  
 C. Special area or field rule?            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: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE

Measured Total Depth True Vertical Depth BHI. from Lease, Unit, or Property Line

30. Bottom Hole Location for Horizontal Hole (DRAINHOLES)

DRAIN HOLE #1 SEC. TWP. RGE. COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE

Depth of Deviation Radius of turn Direction Total Length

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

DRAIN HOLE #2 SEC. TWP. RGE. COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES from SOUTH LINE from WEST LINE

Depth of Deviation Radius of turn Direction Total Length

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

## 31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

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

- This well(            WILL            WILL NOT ) penetrate any known lost circulation zones
- During the drilling of this well, withdrawals from any water well within 1/4 mile (            WILL            WILL NOT ) exceed 50 gallons per minute
- 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

- 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.
- 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.
- 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

1-2-02  
 per Ralph  
 Edwards  
 #11, #12  
 DTU

- SURETY BND  
 A. NONE filed.  
 B. EXPIRED: Date             
 C. OUTSTANDING CONTEMPT ORDER

## 2. INTEREST

## 3. SPACING

## 4. GEOLOGY

## A. SURFACE CASING

- Insufficient amount. Requires            feet.
- Insufficient Alternate Casing Program
- No Affidavit Submitted for Alternative Casing Program.
- 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.

- Square Pattern: 2.5, 10, 40, 160, 640
- Rectangular pattern: 5, 20, 80, 320  
 NW/SE or NE/SW
- Rectangular slot pattern: 5, 20, 80, 320  
 Prior to 1971 (Y, N) SU/LD

## D. LOCATION EXCEPTION:

- Surface Hole Location different
- 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

447264/160

SW/4

Vacate 26131 Upper Simpson Dolomite

" 2667 Bartlesville SW/4

at 414117 Shawnee, Douglas,

Osage Wagon, Hogshooter, True

Wagon, Chickasaw, Cleveland,

Big Wino Osage, Pine, Skunk,

Bartlesville, Huston, Viola,

Simpson Dolomite, First Wilcox,

Marshall, 2nd Wilcox, Tulare Creek,

McWish, Oil Creek, A. Buckle

2667/80 SW/4

Bartlesville Land vacated by

447264

1-2-02

DO NOT WRITE INSIDE THIS BOX

Payor: INTER STATES OIL & GAS INC  
 Case: 0000000000  
 Date: 12/28/2001  
 Time: 10:36  
 RECEIPT 00363006-  
 OHLA CORP COMM

TYPE OR USE BLACK INK  
SEE REVERSE FOR INSTRUCTIONS

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

NOV 06 2003  
WOMs  
410

Form 1003/1003C  
(Rev. 1996)

API NO. 109-22098  
OTC PROD. UNIT NO. 109-107953  
PLUGGING DATE 10/31/2003

PLUGGING RECORD  
OAC 165:10-11-7

311209222

Well Name/No. Berg # 1 - 18  
Location 1/4 NE 1/4 SW 1/4 SW 1/4 Sec 18 Twp 14N Rge 3W  
1073 Ft FSL of 1/4 Sec 825 Ft FWL of 1/4 Sec County Oklahoma  
Total Depth 6880' Base of Treatable Water Well Classification Gas oil

RECEIVED  
NOV 13 2003  
OKLAHOMA CORPORATION COMMISSION  
KINGFISHER OFFICE  
X

OPERATOR  
Name Inter-States Oil & Gas, Inc.  
Address 200 N. Harvey, Suite 1702  
City Oklahoma City State Oklahoma  
OTC/OCC No. 10537  
Phone (405) 236-3235  
Zip 73102

PIPE RECORD

Size	Run (ft)	Pulled (ft)	
16"	35'	0	Conductor
8 5/8"	721'	0	Surface
			I.C.
			I.C.
5 1/2"	6879'	2481'	P.C.
			Lnr.

PERFORATION DEPTHS

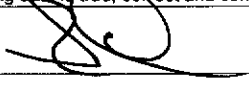
Set 1 -	From	5499'	To	5512'
Set 2 -	From		To	
Set 3 -	From		To	
Set 4 -	From		To	

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	Existing Cem	Retainer 5 1/2"	5930'				5921'
2	CIBP	5 1/2"	5449'	2	1/4 bbl	5435'	
3	Cement	7 7/8"	2520'	50	10 bbl	2420'	
4	Cement	8 5/8"	820'	125	26 bbl	450'	630'
5	Cement	8 5/8"	34'	10	2 bbl	surface	surface

REMARKS  
Circ hole w/ 140 bbl mud . POH w/ tbg & set CIBP @ 5449' & cap w/ 2 sks cement. Cut & pull 5 1/2" csg from 2481' . Run tbg at 2520' & spot 50 sks cement. Pull up to 820' & spot 125 sks cement . Tag TOC @ 630' . Top out 34' -4' w/ 10 sks cement.  
Reason for Plugging non-commercial


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 10/31/2003 Name and Title Typed or Printed Ronald E. Orr - President  
Company Name Thomas Acid & Tool Service Inc. Permit No. 733  
Address P.O. Box 1707 Phone (580)252-4672  
City Duncan State OK Zip 73534

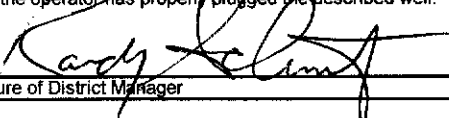
OPERATOR CERTIFICATION

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 11/10/03 Name and Title Typed or Printed Tim R. Thompson Petroleum Engineer

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 R. Shields

# INSTRUCTIONS

- 1 Form must be completed in its entirety and mailed to the appropriate District Office within 30 days after plugging is completed.
- 2 Send original and one (1) copy.
- 3 Type or use BLACK ink only. **This form is for record and must be legible.**
- 4 API No. must be on form. To get an API No. call IHS at (405) 232-2722.
- 5 In specifying the type of plug use the following notations:  
 CIBP - cast iron bridge plug  
 CEM - cement plug  
 CIBP + CEM - cast iron bridge plug and cement  
 Pkr - packer.  
 If other abbreviations are used, please define.
- 6 Cement plugs shall be placed in the well bore as required by the Rules of the Commission plus any additional plugs as may be specified by the District Manager or his representative, where unusual local conditions exist. (OAC 165:10-11-6)
- 7 The minimum amount of cement normally used in each plug in the open hole shall be a slurry volume equal to the amount necessary to fill the calculated volume of 100 feet of the hole in which the plug is placed.
- 8 A minimum 30 foot cement plug is required to be placed in the top of the well. (OAC 165:10-1-)

**DISTRICT I**  
 115 West 6th Street  
 Post Office Box 779  
 Bristow, OK 74010-0779  
 (918) 367-3396

**DISTRICT II**  
 101 South 6th Street  
 Post Office Box 1107  
 Kingfisher, OK 73750-1107  
 (405) 375-5570

**DISTRICT III**  
 1020 Willow Street  
 Post Office Box 1525  
 Duncan, OK 73533  
 (405) 255-0103

**DISTRICT IV**  
 703 North Broadway  
 Ada, OK 74820-3437  
 (405) 332-3441

## FOR COMMISSION USE ONLY

Approved	Rejected	Approved	Rejected
_____	_____ 1. API No. invalid.	_____	_____ 10. Record of pipe pulled incomplete.
_____	_____ 2. Legal Description invalid for County.	_____	_____ 11. Well location does not match plat.
_____	_____ 3. Operator No. missing/invalid.	_____	_____ 12. Treatable water depth missing.
_____	_____ 4. Well location missing/invalid.	_____	_____ 13. Perforation depths missing.
_____	_____ 5. Well name missing.	_____	_____ 14. Information on plug - operator.
_____	_____ 6. Well No. missing.	_____	_____ 15. Plugging description missing.
_____	_____ 7. Plugging date invalid.	_____	_____ 16. Plugging contractors name missing.
_____	_____ 8. Well type missing/invalid.	_____	_____ 17. Information on plug-cementing company.
_____	_____ 9. Total depth missing/invalid.	_____	_____ 18. Other: _____