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)

73102



OTC/OCC Operator Number: 10537-0

API Number: 109-22098

DATE: 02/08/2001

Date of Well Spud/Re-Entry: 6/4/0/

Name of

Operator: Address:

INTER-STATES OIL & GAS, INC. 200 N HARVEY AVE STE 1702

OKLAHOMA CITY OK

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

- 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:

Address: City:

Seminole State:

AMERICAN ENERGY SCRUKES,

Zip Code: 74

RECEIVED OKLAHOMA COPPORATION COMMISSION CONSERVATION

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.

PCN: C1170220L9

02/09/2001

109-22098 ofc/occ Operator No.

CEMENTING REPORT

To Accompany Completion Report

The second of th

OKLAHOMA CORPORATION COMMISSION

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

TYPE OR USE BLACK INK ONLY

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

Ail 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.

TN + ER- States 010 \$ 605, INC Occord Operator No 37 Well Name/N BERG #1-18 County OKLA									
Location 1/4 <u>NE</u> 1/5 <u>W</u> 1/4 §	,w	Sec /	Twp	14 N	Rge 36				
Cement Casing Data	Conductor Casing	Surfac e Casing	Alternative casing	Intermediate Casing	Production String	Liner			
ementing Date		6-4-01							
Size of Drill Bit (Inches)		12/4							
sed in calculations		100			·				
Size of Casing (inches O.D.)		8 5/8							
Top of Liner (if liner used) (ft.) Setting Depth of Casing (ft.)				;					
rom ground level ype of Cement (API Class)	•	721							
n first (lead) or only slurry		H							
n second slurry		A-							
n third slurry acks of Cement Used		<u> </u>			- 				
first (lead) or only slurry		250							
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n third slurry									
n first (lead) or only slurry		380							
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ilculated Annular Height of Cement Phind Pipe (ft)		Circulated	- <u> </u>		THE STATE STATE STATE OF THE STATE AND ADDRESS OF THE STATE OF THE STA				
ement left in pipe (ft)		40,30							
mount of Surface Casing Required (fro	m Form 1000}	600	ft.						
						X. I			

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	OPERATOR
I declare under applicable Corporation Commission rule, that I	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	am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and
or under my supervision, and that the cementing data and facts	that data and facts presented on both sides of this form are true.
presented on both sides of this form are true, correct and	correct and complete to the best of my knowledge. This
complete to the best of my knowledge. This certification covers cementing data only.	certification covers all well data and information presented
Certificiting data only.	nglein.
Mene Herne	RX Edwalf Mgr
Signature of Cementer or Authorized Representative	Signature of Operator or Authorized Representative
Name & Title Printed or Typed	"Name & Title Printed or Typed
Cementing Company	Operator RCEDWARDS, IN MEN
Eastern Cementers	Inter-States OIL & Gas. INC
Address P.O. Box 1704	"Name & Title Printed or Typed RLEDWARDS, IN Mgn "Operator Inter-States Oil & Gas, Inc "Address "City OKLA. CITY "State
City Seminole	OKLA. CITY
State Oklahoma 74868	*State OK 73102
Telephone (AC) Number 405-382-2100	*Telephone (AC) Number

INSTRUCTIONS

*Date

9-4-01

- 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.
 - 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).

Date

- 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 3. OAC 165:10-3-4(h).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION 4. COMMISSION RULES.

API NO	0000		1 65 10-3 25										COMPLETIO	
	2098	X ORIG									OKL			ATION COMMISSION
01 C PROD UNI 1 09_1	.07953	AME	NDED on Amended											rvation Division : 52000-2000
109-1	.07733		on Amended											homa: 73152 2000
PLEASE TYPE C	OR USE BLACK	INK ONLY										T	1	FORMATION
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	8-7-0	Ţ	<u> </u>								WELL			Fluids Amounts
OPERATOR NAA → Assit		/52.7		···		<u> </u>	010/0	cc o	PERATO	R NO				<u>L</u> .
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Comp. 1					Douglas	3			445	U	4800		CHOKE SI	 ZE
CASING & CEME	NT (Form 1002	C must be at	lached)					_				_		
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ലവദക	6450'	TYPE	TON	T CTRI	2 w/1sx	cmt.							1 8-31	-2001

PLUG @

110112009 Form 1002A 269 HNTN COMPLETION & TEST DATA BY PRODUCIN Hunton 60-447264 Gas 6350'-92' 2000gal HCL 8-7-01 2 BOPD Est 42 20 mcf 10,000/1 27 Bwpd

and am authorized by my organization to make this report, which was prepared by Ralph L. Edwards, Jr. uite 1702, Oklahoma City, Ok. 73102 (405) 236-3235 8-31-2001

Swb 400#

PLEASE TYPE OR USE BLACK INK ONLY

FORMATION RECORD

Give formation	names	and tops,	é available	or descriptions	and thickness of formations
drailed through	Snow	interevals	cored or dr	tested meter	

NAMES OF FORMATIONS	ТОР	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

4.00000 rs 0	FOR COMMISSION USE ONLY DISAPPROVED
APPROVED	1) ITD Section
	a) No intent to Onli on file
	1) Send werning letter
	2) Recommend for contempt
WDO	2) Reject Codes

<u>#1−1</u>8

WELL NO.

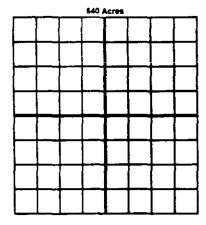
Berg

Were open hale logs run?	<u>X</u> yes	no		
Date of time run. 6-20-0	1			
Was CO2 encountered?	yes	<u>X</u> no	at what depths?	
		v		
Was H2S encountered?		<u>_A</u> no	at what depthe?	
Was H2S ancountered? Were unusual drilling circumstant if yes briefly explain			at what depths?	<u>X</u> no
Were unusual drilling circumstan				<u>X</u> no
Were unusual drilling circumstan				X no

Other remarks	<u> </u>		
	<u></u>		
			
{			

LEASE NAME

109-22098



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 endpoint 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 Loc	cation			Feet From Quarter Section Line	\$	
14	1/4	1/4 1/4		FSL	FWL	
Measured Total Depth True Vertical Depth		ertical Depth	8Ht, From Lease, Unit, o	Property Line:	<u> </u>	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

DRAINHOLI	E #1					
SEC	TWP	RGE	COUNTY			
Spot Locate	n		Feet From Quarter Section	Lines		
1/4	1/41/4	1#	FSL	FWL		
Depth of De	velton	Redius of Turn	Drection	Total Langth		
Measured Total Depth True Vertical Depth End Pt Location From Lease, Unit or Property Line.						
			1			

DRAINHOL	.E #2				
SEC	TWP	RGE	COUNTY		
Spot Locate	on	•	Feet From Quarter Section t	ines	
1/4	1/41/4	1/4	FSL	FWL	
Depth of Di	WILLIAM TO THE PERSON	PUBLIS OF TURN	Ureassi	Total Length	
Measured '	Total Depth T	rue Vertical Depth	End Pt Location From Lease, Unit	or Property Line	
1			1		
1					

109-22098 orc/occ operator No. 1053'/

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(n)

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*Field Name		TIPE OR USI	BLACK INK ONLY	OCC Dist	rict	
	<u> </u>			1000 (070, 070)	tor No	
*Operator TWTER - ST	ATES OF	L + 1- AS	, INC	OCC/OTC Oper	537	
*Well Name/N: FATER - ST. *Well Name/N: BERG 1-18			7	County	21/2	
*Location NE 1/4 SW 1/4 SW 1/4		Sec 14	4N-3W Twp	14 N	Rge 3	u)
// E 1/4 3W 1/4 3W 1/4		1000 18-1	4N-3D 1.11		1.190	
Cement Casing Data	Conductor casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		. ,			6-21-01	
*Size of Drill Bit (Inches)					778	
*Estimated & wash or hole enlargement used in calculations					100%	
*Size of Casing (inches O.D.)					54	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level			<u> </u>		6903	
Type of Cement (API Class) In first (lead) or only slurry					6903 50/50/2 Az	
In second slurry						
In third slurry						
Sacks of Cement Used In first (lead) or only slurry	<u></u>	. '			900	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry					192	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)					4800	
Cement left in pipe (ft)					39 shoe	
*Amount of Surface Casing Required (from	n Form 1000)	600'	ft.			
Was cement circulated to Ground Surface	e? Yes _	X No	*Was Cement Stagin	ng Tool (DV Tool)	used?Yes	У мо
Was Cement Bond Log run? X Yes	No (If so	o, Attach Copy)	*If Yes, at what o			ft

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

 * Designates items to be completed by Operator. Items ${\tt not}$ so designated shall be completed by the Cementing Company.

Remarks	• •	*Remarks	
CEMENTING	COMPANY	0	PERATOR

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.

Bal Doubled
Signature of Camenter or Authorized Representative

Name & Ti	Douthit Cementer Eastern Cementers
Address	P.O. Box 1704
City	Seminole
State	Oklahoma 74868
Telephone	(AC) Number 405-382-2100
Date	6-21-01

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

Signature of Operator or Athorized Representative

*Name & Title Printed or Typed RL EDWANGS IN Man	
"Operator Inter-States OIL & Gas, INC	
*Address 200 N Harvey, Ste 1702	
STATE OKLA CITY, OK 73102	
Telephone (AC) Number	
"Date 905 2363235	
5-4-01	

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

OKLAHOMA CORPORATION COMMISSION PERMIT TO DRILL

OTC/OCC Number: 10537-0 API Number: 109-22098

Notice of Intention To: DRILL Well Type: OIL/GAS Well Location: Sec: 18 Twp: 14N Rge: 03W Type of Drilling Operation: STRAIGHT HOLE

Spot Location: NE4 SW4 SW4 County: OKLAHOMA

Feet from the nearest lease line: 825 Feet From: SOUTH 1/4 Section Line 1073 Feet From: WEST 1/4 Section Line 825

Well No: 1-18 Lease Name: BERG

TELEPHONE: (405) 236-3235 Operator Return Address Surface Owner Address INTER-STATE OIL & GAS, INC. TRACY S BILLS 200 N HARVEY, STE 1702 7616 KATHRYN WAY OKLAHOMA CITY OK 73102 OKLAHOMA CITY OK 73162

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 CHECKERBO	OARD 5475
(3) 404BGLO BIG LIME-OSWEGO 5900 (4) 404BRVL BARTLESV	ILLE 6125
(5) 269HNTN HUNTON /LM, GROUP/ 6150 (6) 202SMPSD SIMPSON I	DOLO 6750
(7) 202WLCX2 WILCOX 2 6750 (8) 202MCLS MCLISH	7000
(9) 2020LCK OIL CREEK 7200 (10) 169ABCK ARBUCKLE	/SILICEOUS/ 7300

Spacing Order Numbers: 447264 Special Orders:

Total Ground Surface Depth to base of Treatable Pending CD Numbers: Location Exception Orders: Increased Density Orders: Depth: Elevation Casing: Water-Bearing FM: 7700 1010 550 600

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.

Approval Date: $02/08/200\overline{1}$

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

Expiration Date: 08/08/2001

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 Rqe 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

109-2	2098A	OPIG	165 10-3 25 GINAL							OKI			ION REPORT PRATION COMMISSION	20710	2008	Form 1002A Rev. 1796
109-10)7953	X AME	NDED on Amended	ReCo	mplete	in Chec	kerboa	ard		(Post	Office I	servation Division Iox 52000-2000 klationia: 73152-2000	405 CCKB COMPLETION A	L TEST DATA BY PRO	SWIGHT
PLEASE TYPE OF									\neg	T	ТΤ		FORMATION	Checkerboard	ſ '	マフ
NOTE: Allach cop	IG OPERATION	4		•	RIZONTAL HIJ	ıL			1				SPACING & SPACING ORDER NUMBLER	160-447264		
If directional or ho		erse for botto	ISEC	True	RGE			1 1	Ì		1 1	j	CLASS ON Gas Dry Int Desp. Comm Dep.	Gas)	
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	Berg			WELL NO	#1-18	w		1-1	_	_	1	-	PERFORATED	3133 3322	}	<u> </u>
NW 1/4 NE 1/	4_SW 1/4_S	5W,4 10	073' _{FSL}	8251	FWL OF 1/4	SEC	_	╂┷╂	\dashv		╂─╂	\dashv	INTERVALS		<u></u>	
LLEVATION	.03 '		1091'	SPUD DA1	^{TE} 6-04-	01		╁┷╁	_		╂╌┤	\dashv	ACID/VOLUME			
	6-23-0		WELL CON		8-07-0		X				\bot	_		1000 gal 7½%		
1ST PROD DATE			RECOMP D			 -		1 1	1]]	- }	Fracture Treated?	Yes		
OPERATOR NAM	8-07-0)1	<u> </u>	<u>5-2</u>	<u>5-02</u>		otc/occ c		CATE I	MELL]		Fluids Amounts	5000 gal 15%		
		-States	s 0il 8	Gas,	Inc.		10	37					TEST DATA		<u></u>	
ADDRESS	200 N	. Harve	ey, Su	ite 17	02						lľ	NITIAL	TEST DATE	5-25-02	[
CITY		oma Ci			CTATE	OK	ZIP	7310	2		1 1	DIL BBL	/DAY	TSTM		
COMPLETION TY			- 		OR GAS ZON						┙┟	DIL GR	AVITY (API)			
X SINGLE ZO	NE .		1	FOI	RMATIONS	Hunton		620	7 6	398	1 1	GAS-MC	F/DAY			
MULTIPLE	ZONE ORDER	NO		В	artlesv	ille		615	8 6	5204	1	245 011	. RATIO CU F T/BBL	21	[
COMMING	ED ORDER N	0		rs	kinner			607	2 18	5135	1 [
I OCATION EXCE	PTION ORDER	NO				-0swego d		598 551		6044_ 6680	- j	NATER	BBL/DAY	33 BLW	! 	
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				- 10	ogshoot	er er		529	4 -	0000	1 1	NITIAL	SHUT IN PRESSURE	360#		
PENALTY				D	ouglas			445	0 /	₊ 800	<u> </u>	CHOKE	SIZE			
CASING & CEME	NT (Form 1002	C must be at	Nached)	T -	7	T					۱ ۱	LOW	UBING PRESSURE			
LYPE Conductor	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP		1	OP	↓ ↓				<u> </u>	
	16''		<u> </u>	35'	<u> </u>	Grout	Surfa	ice S	Surf	ace] [igh, and perfinent remarks are		
Surface	8 5/8	24#	[-	721'	800	350	721'		Surf	ace			=	irt and am authorized by my org tion, with the data and facts sta		
tidermediate			1								1	iest of r	ny knowned pe and belief	11		
Production	5 ½	15,5 8	K&N	6879	500	900	2882		3998	1	1	1	549h.	l/h	Ralph I w	dwards, Jr.
Later	J 2	1 / #	Kan	00/3	1300	300	2002				-{	SIGNAT	URI	//	NAME (PRINT OR 14)	
L	<u> </u>	<u> </u>	<u> </u>	<u></u>	1	<u></u>			6880)	-	200	N. Harvev. S	v uite 1702 Okla	homa Citv.	OK 73102
PACKI P @		BRAN	ID & TYPE				TOTAL DEF	·TH []]	ADORE:		CITA		fatt ZIP
Pt UG @	6450'	TYPE	101	1 CIBP	w/lsx	cmt.							5-25-02	(405) 236-3	
Retaine	r @ 593	30' w/9	' cmt	on top	p (5921	')					Į.	IATE.			PHONE NUMBI	. H

PLEASE TYPE OR USE BLACK INK ONLY

FORMATION RECORD

Give formation	names and tops,	é available	or descriptions	and thickness of	formations
County bears	Show interevals	control or dr	Detain netails		

drafted through. Show interevals cored or driftstern tested.		
NAMES OF FORMATIONS	ТОР	воттом
Douglas	4450	4800
Hogshooter	5294	5380
Checkerboard	5498	5414
Cleveland	5518	5680
Big Lime-Oswego	5980	6044
Bartlesville	5158	6204
Hunton	6207	6398
Viola	6503	6575
Simpson Dolomite	6584	6700
2nd Wilcox	6807	TD
	- }	
·		

WELL NO.	#1-18
	WELL NO.

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APPROVED	DISAPPROVED	OR COMMISSION USE ONLY
1m	313-27113723	1) ITD Section
		a) No intent to Onli on file
		1) Send warning teltar
		2) Recommend for contempt
Who		2) Reject Codes
109 21	2098-4	

tes of final run $6-20-01$ The CO2 encountered?yes \underline{X} nost what depths? The H2S encountered?yes \underline{X} noat what depths? The unusual drilling oroumstances encountered?yes \underline{X} noyes \underline{X} no	fere unusual driff	ing circumstances e	ncountered	p	yes <u>X</u> _n
sa CO2 encountered?yes X no at what depths?					
	/es HQS encount	ered?	yes	<u>X</u> 🗝	at what depths?
us of final run 6-20-01	les CO2 encount	lered?	yes	<u>X</u> no	at what depths?
	sse of final run	6-20-01			

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 endpoint must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all grainholes and directional wells.

SEC	TWP	RGE	COUNTY			
Spot Loc	ation			Feet From Quarter Section Line)\$	
1/4	1/4 1	/4 1/4		FSL	FVAL	
Mader	d Total Depth	True V	Pucal Depth	BHL From Lease, Unit, o	r Property Line:	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

DRAINHOLE #1

DICKINI IOCE	1		T		
SEC	TWP	RGE	COUNTY		
Spot Locato	an .		Feet From Quarter Section	Lines	
1/4	1#1#	1/4	FSL	FWL	
Depen of De	wilden	Radius of Turn	Direction	Total Langth	
Measured T	oral Depth To	e Verusal Depth	End Pt Location From Lease, Uni	or Property Lone	
	oran prepar	a verscar septi	CAS A CONTRACT AND CASE OF THE	a riapany 222	
			l l		

DRAINHOLE #

	<u> </u>				
SEC	TWP	RGE	COUNTY		
Spot Location			Feet From Quarter Section	Lines	
1/4	1/41/4	_1/4	FSL	PWL	
Depth of Devi	SCION	Recrus or 1 um	DateGran	Total Length	
Measured To	al Depth True	Vertical Depth	End Pt Location From Lease, Uni	t or Property Line	
ł	1				
}			1		

OKLAHOMA CGRPORATION COMMISSION

PERMIT TO DRILL

OTC/OCC Number: 10537-0

API Number: 109-22098-A

Approval Date: $01/02/200\overline{2}$ Expiration Date: 07/02/2002

Notice of Intention To: RECOMPLETE

Type of Drilling Operation: STRAIGHT HOLE

Surface Owner Address

OKLAHOMA CITY OK 73162

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

Lease Name: BERG Well No: 1-18 Feet from the nearest lease line: 825 Operator Name: INTER-STATES OIL & GAS, INC.

TELEPHONE: (405) 236-3235

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

Operation to Begin: 00/00/0000

TRACY S. BILLS

7616 KATHRYN WAY

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: NO

Formation Cod	es, Names, Depths,	(Permit Valid For Listed	Formations	Only)	:			
(1) 404BRVL	BARTLESVILLE		6125	(2)	404SKNR	SKINNER	/SD/	6050
(3) 404PRUE	PRUE	/SD/	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	/MISSOURIAN/	4950	(10)	406DGLS	DOUGLAS		4450
(7) 405LYTNT	LAYTON TRUE	/MISSOURIAN/	5350	(8)	405HGSR	HOGSHOOTER		5250

Spacing Order Numbers: 447264 Special Orders:

Total Surface Depth to base of Treatable Ground Pending CD Numbers: Location Exception Orders: Increased Density Orders: Depth: Elevation Casing: 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.

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK HIK 10537

OKLAHOMA CORPORATION COMMISSION · OIL & GAS CONSERVATION DIVISION JIM THORPE BUILDING

BATCH MUNIBER (OCC USE ONLY) 19901900

109-22098 A	OKLA	P.O. BOX 52000-2000 HOMA CITY, DK 73182-2000		122	01200	
NOTICE OF INTENT TO: DRILL X RECOMPLETE		(RULE 188:10-3-1) AMEND - REASON			E WELL AND OUTLIN R SPACING UNIT IN I	-
	r of 1802-A. IF RECOMPLETICES OF RESERVE >>>>>>> (NOTE: If Grectional or)	y. horizontal, ase navarae side for bottom hole:	iocetion)	_	280	1
A. $\frac{X}{X}$ ethalght hole	DIRECTIONAL HOLE	HCRIZONTAL HOLE				
	NJECTION DISPOSAL	WATER SUPPLY	2310			_
WELL LOCATION. ECTION 10 TOWNSHIP 1/NI	ALHGE COUNTY COLL		1650-]
18 14N	3 W Okla	ahoma	990-			
NUM NE M SW	14 SW 14 METTON COMES	1073' 825'	330		<u> </u>	
	arest lease, unit or property boundary.				▛▀▛	{
Berg		#1-18	2310			_
NAME OF OPERATOR	\$ C = T	<u> </u>	1650-			
Inter-States Oil	PHONE (AC/NUMBE)	ય	990-	X		
200 N. Harvey, S	uite 1702	χ₽ COO€	330			\neg
Oklahoma City,	OK	73102	<u> </u>		2 6 -	ᆜ。
SURFACE OWNER (one only, attach sheet to Tracy S. B			8	1980	1320 1320 1320	8
7616 Kathr		·····	11 is well located o	n lands under fed	leral junsdiction?	7
CITY	STATE	ZIP CODE	12 Will a water well	be drilled?	_Y <u>><</u> N	
Oklahoma C	ity, OK	73162	Will surface water		<u> </u>	
14 LIST TARGET FOR	RMATIONS AND DEPTHS OF EACH BE	LOW (LIMITED TO TEN)				
Bartlesville	6125' 404 BRUL	6) Checkerboar	rd 5475'	105	CCKB	WELL
Skinner	(0501			•	•	NAME
	- ADQ DINK				LYTNI	ैं
Prue	6000' HOYPRUE	⁸⁾ Hogshooter	5250 '	405	465R	4
Big Lime-Oswego	5900' HO4BGHO	9) Osage Layto	on 4950'	405	056h	
Cleveland	5500' 405 ChUD	10) Douglas	44501	406	DGLS	
Order 447264	160 Acre					\neg
	17 LOCATION EXCEPTION ORDER NO	18 INCREASED DENSITY ORDER NO		OCC USE ON	LY	-
TOTAL DEPTH 20. GROUND ELEV	21 DEPTH TO BASE OF TREATABLE WATER	22: SURFACE CASING ZLAST CARING PROG	-	•		[
<u> 6879 1091 </u>	508 545	721 / P WEEDT				7
	box and M in blink (AFFIDAVIT REQUIRED , se id from (olal depth to ground surface on the prod		e e			BIMUS 1
B. Cornent will be provided. PIT SHFORMATION: Using more than one pit.	· · · ——— · · · · · · · · · · · · · · ·	depth by use of a two stage comenting tool. 3. 80 out line 25.2 on top reverse aids	·			E E
A Type of mud sys		gas based (ar drilled)	<u></u>			
PIT # 1 C. Type of Pit Syste	m:on-site,off-site,closed					
	ground water greater than 10 ft below be nunicipal water well?XYN		OFFEITE PIT #		<u></u> _	
OCCURE ONLY & CHANNE 14	18 2 3 4	Deer Creek Well HS				_
B. Pt LocationAllon C. Special area or field ref		Diher HSA V Non-HBA; Fer F. D. DEEP SCA7 Y N Vinit > 80	E CON STREET	<u> </u>		1
F. SOIL or GEOMEMBRA	NE LINER REQUIRED?YN, GE	COMEMBRANE LINER REQUIRED?YN				_
	ILLING FLUIDS (MUST BE COMPLETED) Wwater and backfilling of reserve pix					
8 Solidification of	•	nd surface casing set 200 lest below base of treatable	'n water-bearing formskon			
D One time land	application (REQUIRES PERMIT)			•		
. F Haul to Comm	ercial pit facility; Specify site arcial soil farming facility; Specify site					_
G Haul to recycleH Other Specify	ng/re-use facility, Specify site				 	
Phereby certify, I am	authorized to submit this	two page application prepare				
The facts and prop	osals made Herein are true,	correct and complete to the b	est of my know			-
Kalin/ Edwa	Ralph L.	Edwards, Jr.	(405) 236-	-3235	12-13-01	

NOTICE. Approval is void if operations have not commanded within six months of the riste 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.

P1T#2		ud sys tem :	WATER I	BASED	OIL BASED		GAS BASIZXAIR DRILL	.)									
	B Expected: C Type of Pr	mud chloride content: it System:	maximum on-site;		e, closed		: ppni site, specify location										
	D is depth to	top of ground water	greater than				Y		И								
		nile of municipal wate Protection Area	s well?	v	- Y	_ N		OFFSITE	PIT#								
14.2. OCC USE ONLY	A. Category	1A 1B 2	. 3	4 Fm.		,											
B. Pit Location: C. Special area or field rule?	Al)uvrai Plain/Ter	Tace Deposit	Bedrock A Deep SCA	-	Other⊩ Y	AZH N	Non-HSA Yield > 50		1			,	280				. 1
E. SOIL or GEOMEMBRANE	LINER REQUIRE	27YN; GEO		LINER REQUI			20 mil 30 m	a j			Ţ	-	200	T====		1	1
29 Bottom Hole Location for Directional Hole		SEC TW	/P	RGE	COUNTY			7		 -	ļ		ł.—	ł	<u> </u>	<u> </u>	
SPOT LOCATION:				ROLL QUARTER	from SOUTH L.D	NE	from WEST LINE	1	ļ		ļ		<u> </u>]]
Measured Total Depth	1/4	True Vertical Depth	4 SEC	TION LINES	BHI from Lea	ase I hut	or Property	-					1				
·		<u> </u>			Line			_	_	†			f	1	-		
30 Bottom Hole Location for DRAIN HOLE #1	Horizontal Hole: SEC	(DRAINHOLES) TWP RC	F	COUNTY			- <u></u>	┥	<u> </u>	ļ	+	┼─-	┼		ļ <u> </u>	<u> </u>	
SPOT LOCATION			FEET F	ROM QUARTER	from SOUTH LD	NÉ	from WEST LINE	1		L	<u> </u>	<u></u>		<u> </u>		L	T
1/4 Depth of Deviation	1/4	1/4 1/4 Radius of turn	<u>`-</u>	Direction			Total Length	-{	1		ļ						N
	<u> </u>							╛		†		Ţ.	1 -				1
Measured Total Depth		True Vertical Depth			End point loca property line:		n lease, unit or				1	 -	·	-		 -	1
DRAIN HOLE #2:	SEC	TWP RO		COUNTY				1	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ĺ	<u> </u>]
SPOT LOCATION:	1/4	1/4 1/-		ROM QUARTER	from SOUTH LI	NE	from WEST LINE										
Depth of Deviation	T	Radius of turn	`	Direction			Total Length							tuch sep	arate sh	eel	
Maria Maria	1	17 V 1 D			Trade paret la se	ation Go	1		ating the		•		zimuth				
Measured Total Depth		True Vertical Depth			End point loca or property lin		n lease, umi							and point	t must b	e locate	xd
		FIDAVIT FOR ALT											-	acing un		tional	j
1. This well(WILL		ignature ол front of th NOT) penetrate any l						ACT - C	your E	xhmen i	K-u Auti-ti-	والمالانية	S Marrie (122	ectionai	₩ cal2		
2. During the drilling of this v						·	WILL NOT) exceed	50 gallons p	per munu	ite							
3 List the following for all wi				concerning s						RESOU	JRCES	BOARI	D, P.O. F	Box 150,			}
Oldahoma City, OK 7310	1 0150). If no w	ater wells are found, a				ADDITIC	DNAL SHEET IF NEC			(4)			n.			_ 4_4	
Name of Owner/Operator			Addres	s of Owner/C	/perator		Location (N	earest 1/4	1/4]:	(4)			IX	epest p	rod ucili	g inter	YBJ
		······································				-											————
	<u> </u>																\
							- 										
		_															
4. The projected depth of the							recovery project or g			-						_	
 A coment bond log is requi If casing depth is more that 							_			cautions	to be to	eken					
·		-															
	ENT TO DRILL APPROV						- I late of request use	ag reasons			_						
1-2-02	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO BEIL		USE ONLY			OCC USE						CC USI	E ONLY		J	
per Kalph 1			CTED	USE ONLY	<u>ν</u>		OCC USE	ONLY	1/11		_	o				 	
1-2-02 per Ralph Edwards	. SM		CTED 1. SUKI A. 1	NONE FILED.	حص		OCC USE	ONLY	1/16	0		o					
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H11 #12	SAC DX	<u>.</u>	CTED 1. SUKI A. 1 B. 1 C. 0	ELY BNI NONE filed. EXPIRED: D OUTSTANDI	nate O	T ORDE	OCC USE	ONLY	1/16 201	0 31 67	U,49 Bo	o				Dol	lomite
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TYPE OR USE BLACK INK SEE REVERSE FOR INSTRUCTIONS

OKLAHON

Oil ar

IA CORPORATION COMMISSION	MAY
nd Gas Conservation Division	77
ost Office Box 52000-2000	II MAU
na City, Oklahoma 73152-2000	(40 H)
PLUGGING RECORD	610
OAC 165:10-11-7	

Q6 2003 En

Form 1003/1003C (Rev. 1996)

	Post Office Box 52000-2000	(TOMS)		1 FA
	Oklahoma City, Oklahoma 73152-2000	(~662)		
API NO. 109-22098		9 (0)	 // 	
OTC PROD. UNIT NO. 109-107953	OAC 165:10-11-7	209222	_UU NOV I	2003 //
PLUGGING DATE 10/31/2003	3112		CORPORATION	MA L
Well Name/No.	Berg # 1 - 18		KINGFISHER	OMMISSION
Location 1/4 NE 1/4 SW 1/4 SW 1/4	Sec 18 Twp 14N F	Rge 3W	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEFICE ON
(0.0		Oklahoma	X	
Total Depth Base of Treatal 6880'	ble Water Well Classification	Sas oil		
OPERATOR				ell on Grid
Nama	ter-States Oil & Gas , Inc.		OTC/OCC No.	1 9 537

FURSEDITIFIED SEC SES TELEVISIONES		→ 	
Base of Treatable Water	Well Classification Gas oil		
			ell on Grid
Inter-States 0	Dil & Gas , Inc.	OTC/OCC No.	1 9 537
200 N. Harve	ey , Suite 1702	Phone (40	5) 236-3235
Oklahoma City	State Oklahoma	Zip .	73102

PIPE RECORD

Address City

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

PE	PERFORATION DEPTHS									
Set 1 -	From	5499'	Tō ·	5512'						
Set 2-	From		То							
Set 3-	From	·····	То							
Set 4-	From		То							

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"	5 4 49'	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

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

	HOLL COLLINGICION				
CEMENTER CE	RTIFICATION				
			ort, per O.C.C. instructions. The cementing was perform	ed by me or under my d	lirect supervision. I
certify all cem-	enting data is true, correct and comp	plete.			
Signature		Date	Name and Title Typed or Printed		
	20	10/31/2003	Ronald E. Orr - Pre	sident	
Company Nan	ne Thomas Acid & Too	Service Inc.		Permit No.	733
Address	P.O. Box 1707			Phone	(580)252-4672
City	Duncan		State OK	Zip	73534
OPERATOR CE	RTIFICATION				

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 ture, correct, and complete to the best of my knowledge. This covers all well data and information presented herein. Signature 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.

INSTRUCTIONS

- Form must be completed in its entirety and mailed to the applying a strict 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 sturry 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

		The state of the s	OR COMMISSION USE ON	NLY
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: