### Oklahoma Corporation Commission Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000 Rule 165: 10-3-25

API No.: 35137275010000

Drill Type:

Location:

OTC Prod. Unit No.: 137-222444

Well Name: GREEN RANCH 8-19

STRAIGHT HOLE

STEPHENS 19 2S 4W

NE NW SW SE 1215 FSL 2270 FEL of 1/4 SEC Latitude: 34.36809 Longitude: -97.65999 Derrick Elevation: 958 Ground Elevation: 952

### **Completion Report**

Spud Date: September 04, 2017

Drilling Finished Date: September 15, 2017 1st Prod Date: October 24, 2017 Completion Date: October 21, 2017

Purchaser/Measurer:

First Sales Date:

Operator:	HOGBACK EXPLORATION INC PO BOX 180368	21161
	10101 HIGHWAY 253 FORT SMITH, AR 72918-0368	

	Completion Type	Location Exception		Increased Density
Х	Single Zone	Order No	1	Order No
	Multiple Zone	666282		There are no Increased Density records to display.
	Commingled		-	

Weight	Grade	Fe	et	PSI	SAX	Top of CMT
3 23	J-55	24	10		180	SURFACE
2 15.5	J-55	34	65		570	SURFACE
	Liner					
Grade	Length	PSI	SAX	Тор	Depth	Bottom Dept
-						Grade         Length         PSI         SAX         Top Depth           There are no Liner records to display.

## Total Depth: 3500

Pac	ker	PI	ug
Depth	Brand & Type	Depth	Plug Type
There are no Packe	r records to display.	There are no Plug	records to display.

				Initial Tes	t Data					
Test Date	Formation	Oil BBL/Day	Oil-Gravity (API)	Gas MCF/Day	Gas-Oil Ratio Cu FT/BBL	Water BBL/Day	Pumpin or Flowing	Initial Shut- In Pressure	Choke Size	Flow Tubing Pressure
Oct 26, 2017	DEESE	24	23				PUMPING			

	C	ompletion and Tes	st Data by Producing Fo	ormation	
Formation Na	ame: DEESE	(	Code: 404DEESS	Class: OIL	
Spacing	Orders		Perforated Intervals		
Order No	Unit Size		From	То	
647620	40		3281	3311	
Acid Vo	lumes		Fracture Trea	tments	
NO A	CID	1,372 E	BARRELS SLICKWATER SAND	, 45,000 POUNDS 30/50	
Formation		Тор	Were open hole lo	ogs run? Yes	
PERMIAN			0 Date last log run:	September 14, 2017	
CISCO		ł	545 Were unusual drill	ling circumstances encount	ered? No
HOXBAR		1:	373 Explanation:	-	
DEESE		20	080		

Other Remarks

There are no Other Remarks.

# FOR COMMISSION USE ONLY

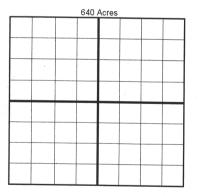
Status: Accepted

1138093

Control         If recompletion or reenty.         Conserved at 2020	UNIT NU.		noтe: f original 1002A	0	Oil & Ga	s Conservation	Division		NOV	0.2.20	17
Contraction         Contraction <thcontraction< th=""> <thcontraction< th=""></thcontraction<></thcontraction<>			-						NOV	0 0 20	II.
THE 0F OUD DATE       9/04/17         Structure Heal       Structure Heal         Structure Heal       Structure Heal </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>OKL</th> <th>AHOMA</th> <th>CORPO</th> <th>RATION</th>								OKL	AHOMA	CORPO	RATION
X         Instruction         Instruction <thinstruction< th=""> <thinstr< td=""><td>TYPE OF DRILLING OPERATIO</td><td>N</td><td></td><td></td><td></td><td></td><td>the second s</td><td></td><td>CON</td><td></td><td>N</td></thinstr<></thinstruction<>	TYPE OF DRILLING OPERATIO	N					the second s		CON		N
If index.notional, year events to status hole basker.         Divert         9/19/17           COUNTY         Stephens         iec 19         Two 25         10/20/17           CEASE         Care Press         10/20/17         Converticing         10/20/17           Development         9/15         B/15         2/20         Converticing         10/20/17           Note:         B/15         B/15         Diversion         10/20/17         Diversion         10/20/17           Note:         B/15         B/15         Diversion         2/15         Diversion         2/15         Diversion           Note:         B/15         B/15         Diversion         2/15         Diversion         2/15         Diversion         2/15         Diversion         2/15         Diversion         2/15         Diversion         2/15         Diversion         Diversi	X STRAIGHT HOLE		HORIZONTAL HOL	E	Contraction of the	9/04/1	7		1	640 Acres	
Construction         Original State         The 25 Note         Ave         Construction         Construction           Name         Green Ranch         192 Note         192 Note         192 Note         10/24/17           Nexture         958 Ground         958 Ground         958 Ground         958 Ground         192 Note           Operation         958 Ground		verse for bottom hole locat	ion.	DATE		9/15/1	7				
NAME         Clean March         Base         P-19         term concerts         10/24/17           BLEW MORE         March         BSC 1215         March         Concerts         10/24/17           DEEX MORE         Hogback         Exponence         10/24/17         Concerts         10/24/17           DEEX MORE         Hogback         Exponence         21161         Concerts         10/24/17           DEEX MORE         Hogback         Exponence         21161         I         I         I           DEEX MORE         Hogback         Exponence         21161         I	etephie	ns sec 19	TWP 2S RGE 4			10/21/	17	-			
NE to MUM S No to SE to 1215         NE to 32270         RECORPORT         RECORPORT           Construction         968 around         952 tothice (themen)         34.38609         Intelligence         97.65999           Construction         No back Exploration, Inc.         OFCOCCC         OPERATOR         211610           Construction         P. O. Box 180368         Intelligence         Intelligence         Intelligence           Construction         Fort Smith         Intelligence         Processing         Intelligence         Intelligence           Construction         Fort Smith         Intelligence         Intelligence         Intelligence         Intelligence           Construction         State         Construction         State         State         Intelligence         Intelligence           Construction         State         Construction         State         State         Intelligence         Intelligence           Construction         State         Construction         State         Intelligence         Inte		Green Ranch		3-19 1st PF	ROD DATE	10/24/	17	-			
ELECATION         958         Genome         962         Latitude (* trement)         34.36809         Linglables         -97.65899           NAME         Hogback Exploration, Inc.         processor         211610         - <td>NE 1/4 NW1/4 SW</td> <td></td> <td>1215 FELOF</td> <td>2270 RECC</td> <td>OMP DATE</td> <td></td> <td></td> <td>~</td> <td></td> <td></td> <td></td>	NE 1/4 NW1/4 SW		1215 FELOF	2270 RECC	OMP DATE			~			
OPERATOR     Hogback Exploration, Inc.     OPERATOR     211610       ADDRESS     P. O. Box 180368     Inc.     Inc.       CITY     Fort Smith     Intrace     AR       ZP     Fort Smith     Intrace     AR       X     Intrace     Intrace     AR       X     Intrace     Intrace     Intrace       Conductors     Intrace     Intrace     Intrace       Intrace     Intren     Intrace     Intrace						-97.659	99				
ABBRESS         P. O. Box 180368           CTY         Fort Smith         STATE         AR         2P         72918-0368           COMPLETION TYPE         CostNot a College T(form 1002 must be attached)         CostNot a College T(form 1002 must be attached) <thcollege 1002="" attached)<="" be="" must="" t(form="" th="">         CostNot a</thcollege>	OPERATOR H	logback Explorati	on. Inc.	OTC/OCC		21161	0				
CITY         Fort Smith         Istate         AR         Image: Processed and the state head in thead in the state head in the state head in thead in					₹ NO.					×	
COMPLETION TYPE     CASING & CEMENT (Form 1002 must be attached)     LOCATE WELL       X     INUCER ZONE     Account of the second must be attached)     INUCER TO DO OF CM       MULTIRE ZONE     Account of the second must be attached)     INUTRAL ESCNE     INUTRAL ESCNE       Application Date     GENERATOR     SIZE     Weight of chaote     FEET     PSI     SAX     TOP OF CM       Application Date     GENERATOR     SIZE     Weight of chaote     FEET     PSI     SAX     TOP OF CM       Application Date     GENERATOR     SIZE     Weight of chaote     FEET     PSI     SAX     TOP OF CM       Application Date     GENERATOR     SIZE     Weight of chaote     FEET     PSI     SAX     TOP OF CM       Application Date     GENERATOR     SIZE     SIZE<					710	70040.0	200				
X         International State         Pail         SAX         TOP OF CM           MUTTINE 2016         CONUNCTOR         SUZE         MEEGAT         GALAGE         PEET         Pail         SAX         TOP OF CM           CONUNCELSD         SURFACE         8 5/8         23         J-55         240         180         Surface           CONUNCELSD         SURFACE         8 5/8         23         J-55         3465         570         Surface           CONUNCELSD         Interemeduation         5 1/2         15.5         J-55         3465         570         Surface           RECER NO.         BRAND & TYPE         PLUG @         TYPE         PLUG @         TYPE         PLUG @         TYPE         OTAL         3,500           ACKER @         BRAND & TYPE         PLUG @         TYPE         PLUG @         TYPE         OTAL         3,500           COMPLETION & TEST DATA BY PRODUCING FORMATION         MUT OF DEES         FORMATION         DEESE         TYPE         TYPE <td>i</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>368</td> <td></td> <td>L</td> <td>OCATE WEI</td> <td>_L</td>	i						368		L	OCATE WEI	_L
MUTHE E 20HE         Construction         Construction         Construction         Construction           Appriation Date         Construction         SUFFACE         8 5/8         23         J-55         240         180         surface           CONDUCTOR         SUFFACE         8 5/8         23         J-55         240         180         surface           CREER NO         SUFFACE         8 5/8         23         J-55         240         180         surface           CREER NO         SUFFACE         8 5/8         23         J-55         34655         570         surface           PACKER @         BRAND & TYPE         PLUG @         TYPE         PLUG @         TYPE							FFFT		PSI	SAY	
CONTINUE 1200         Application Date           Application Date         SUFFACE         8 5/8         23         J-55         240         160         surface           Application Date         EXEFACE         8 5/8         23         J-55         240         160         surface           CONTROL EXCEPTION         666282         IntEnsueDucte         PLUG & TYPE         PLUG & TYPE         TYPE         TOTAL         3,500           PACKER & BRAND A TYPE         PLUG & TYPE         PLUG & TYPE         PLUG & TYPE	MULTIPLE ZONE		-				,		1.51		
DOCATION SECREPTION     666282       INTERMEDIATE     INTERMEDIATE       PACKER @     BRAND & TYPE       PACKER @     BRAND & TYPE       PLUG @     TYPE       PACKER @     BRAND & TYPE       PLUG @     TYPE       PACKER @     BRAND & TYPE       PLUG @     TYPE       PLUG @     TYPE       PLUG @     TYPE       PLUG @     TYPE       POWER NO.     Deese       SPACKER @     BRAND & TYPE       PLUG @     TYPE       PLUG @     TYPE       PLUG @     TYPE       PLUG @     TYPE       POWER NO.     Deese       SPACH & SPACING     647620       QLASS OI Gas DRY INI     OI       DLP, Comm Dite, Soc     3281'-3299'       PERPORATED     3305'-3311'       INTERVALS     3305'-3311'       ACID/OLUME     ACID/OLUME       INTAL TEST DATA     ING ALlowable       (165:10-17.7)     Gas Purchaser/Measurer       OIL-GARANTY (AP)     Q       QL-GARANTY (AP)     Q	COMMINGLED			8.5/8	23	1-55	240			180	surface
Increases/action         PRODUCTION         5 1/2         15.5         J-55         3465         570         surface           PACKER @         BRAND & TYPE         PLUG @         TYPE         TYPE         PLUG @         TYPE         TYPE         PLUG @         TYPE         TYPE         PLUG @         TYPE         TYPE         TYPE         TYPE         TYPE         TYPE         TYPE	LOCATION EXCEPTION	666282			20		240			100	Sunace
Under ND     Initial     Initial     Initial     Initial     Initial     Initial     Initial       PACKER @     BRAND & TYPE     PLUG @     TYPE     PLUG @     TYPE     Initial     Initial <td< td=""><td>INCREASED DENSITY</td><td></td><td></td><td>5 1/2</td><td>15.5</td><td>.1-55</td><td>3/65</td><td></td><td></td><td>570</td><td>surface</td></td<>	INCREASED DENSITY			5 1/2	15.5	.1-55	3/65			570	surface
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ TYPE DUG @ TTYPE DUG @ TYPE DUG @ TY			J				5405		5q	510	Sundce
PACKER @PLUG @TYPEPLUG @TYPEPLUG @TYPEDEPTHOUU @TYPEDEPTHOUU @TYPEDEPTHOUU @TYPEPLUG @TYPETYP										TOTAL	2 500
COMPLETION & TEST DATA BY PRODUCING FORMATIONH04DEESS FORMATION Deese FORMATION DEESEURE Arrow of the formation and directing and performer marks are presented on the reverse. I declare that have knowledge of the content of this report and am authorized by my orgenatorial or and dered by merging and defined through, and perform and direction, with the all and facts databate for the to the report and am authorized by my orgenatorial or and dered by merging and belief to the reverse. I declare that have knowledge of the contents of this report and am authorized by my orgenatorial or and dered by merging and belief to the reverse. I declare that have knowledge of the contents of this report and am authorized by my orgenatorial or and dered by merging and belief and fact and facts databate for the reverse. I declare that have knowledge of the contents of this report and am authorized by my orgenatorial or and dered by merging and belief and facts databate.											3,500
FORMATION     Deese     Reported To Fraction (ADDER NUMBER (CASS OIL (BAD DY, IN), DBR, Comm Disp, Sve       0I     0I     0I       Disp, Comm Disp, Sve     3305'-3311'       NTERVALS     3305'-3311'       NTERVALS     3305'-3311'       ACID/VOLUME     AO ACIA       1372 bbl slk/wtr     0I       1372 bbl slk/wtr     0I       45,000# 30/50 sd     0I       INTRAL TEST DATA     0I Allowable (165:10-17-7) OR OI Allowable (165:10-13-3)       NITTAL TEST DATE     10/26/2017       OIL-GRAVITY (AP)     23 OIL-GRAVITY (AP)       QSS-OL RATIC CU F78EL     ASS SUBBANISTEED       NITTAL SHUT-IN PRESSURE     0       CHARDARY     0       CHARDARY     0       Arecord the fromation adred by me or under measurement on the reverse. I declare that have knowled by me or under my supervision and preferent memasks are presented on the reverse. I declare that have knowled by my organization of the best of my knowled by my organization of the best of my knowled by my organization of the best of my knowled by my organization of the best of my knowled by my organization of the base of the contents of the best of my knowled by my organization of the base of the ba				FESS		PLUG @	IYPE				
Order as a shark minimum         647620 (40)         To Frace P           CASS Officies (W IR)         0I         1         1           Disp, Comm Disp, Svc         3305'-3311'         1         1           ACID/VOLUME         ACID/VOLUME         ACID/VOLUME         1372 bbl slkwtr         1           ACID/VOLUME         ACID/VOLUME         ACID/VOLUME         1372 bbl slkwtr         1           TRACTURE TREATMENT         1372 bbl slkwtr         1         1         1           INITIAL TEST DATA         0I Allowable         (165:10-17-7)         Gas Purchaser/Measurer         First Sates Date           INITIAL TEST DATE         10/26/2017         Gas SUBB MUITTEED         1         1           OIL-BRUDAY         24         1         1         1         1           QRS-MICFIDAY         Q         ASS SUBB MUITTEED         1         1         1           INITIAL TEST DATE         10/26/2017         Gas SUBB MUITTEED         1         1         1         1           QRS-MICFIDAY         Q         Q         ASS SUBB MUITTEED         1         1         1         1         1         1         1         1         1         1         1         1         1         1	FORMATION									Re	eposted
Disp. Comm Disp. Svc     Oil       3281-3299'     3305-3311'       3305-3311'	ORDER NUMBER	647620 🌔	40)							Ť	FracFa
PERFORATED       3305'-3311'		oil									
INTERVALS		3281'-3299'									
FRACTURE TREATMENT       1372 bbl sikwtr		3305'-3311'							*****		
FRACTURE TREATMENT       1372 bbl sikwtr											
FRACTURE TREATMENT       45,000# 30/50 sd         Min Gas Allowable       (185:10-17-7)         OR       Oil Allowable         OII Allowable       (185:10-17-7)         OGE       Oil Allowable         (185:10-17-7)       Gas Purchaser/Measurer         First Sales Date       First Sales Date         INITIAL TEST DATE       10/26/2017         OIL-GRAVITY (API)       23         GAS-OIL RATIO CU FT/BBL       Gas SUBBNITTEDD         Water-BeluDay       O         PUMPING OR FLOWING       pumping         INITIAL SHUT-IN PRESSURE       O         CHOKE SIZE       O         FLOW TUBING PRESSURE       O         A secord 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 bleided throweledge and bleided throweledge and bleided throweledge		No peid	(								
(Fluids/Prop Amounts)       45,000# 30/50 Sd         Intrial rest parts       Intrial cas Allowable (165:10-17-7) or	ACID/VOLUME		-								
OR     First Sales Date       INITIAL TEST DATA     Oil Allowable       (165:10-13-3)       INITIAL TEST DATE     10/26/2017       OIL-BBL/DAY     24       OIL-GRAVITY (API)     23       GAS-OIL RATIO CU FT/BBL     AS SUBBNITTED       WATER-BBL/DAY     0       PUMPING OR FLOWING     pumping       INITIAL SHUT-IN PRESSURE     0       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       Mathuard M						and the second sec					1
OR     First Sales Date       INITIAL TEST DATA     Oil Allowable       (165:10-13-3)       INITIAL TEST DATE     10/26/2017       OIL-BBL/DAY     24       OIL-GRAVITY (API)     23       GAS-OIL RATIO CU FT/BBL     AS SUBBNITTED       WATER-BBL/DAY     0       PUMPING OR FLOWING     pumping       INITIAL SHUT-IN PRESSURE     0       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       Mathuard M	FRACTURE TREATMENT	1372 bbl slkwt	r								
INITIAL TEST DATA OI Allowable (165:10-13-3)	FRACTURE TREATMENT	1372 bbl slkwt	r								
INITIAL TEST DATE 10/26/2017 OIL-BBL/DAY 24 OIL-GRAVITY (API) 23 GAS-MCF/DAY O GAS-OIL RATIO CU FT/BBL MATER-BBL/DAY O PUMPING OR FLOWING PUMPING PUMPING OR FLOWING PUMPING INITIAL SHUT-IN PRESSURE 0 CHOKE SIZE 0 A record of the formations drilled through, and perthenent 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 pregared 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 MATER-BIL/DAY 0 CHOKE SIZE 0 A record of the formations drilled through, and perthenent 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 pregared 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 MATER-BIL/DAY 0 CHOKE SIZE 0 A record of the formations drilled through, and perthenent 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 pregared 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 MATHER AUTHOR AUTHOR AUTHOR 10/30/2017 479-709-901	FRACTURE TREATMENT	1372 bbl slkwt 45,000# 30/50 s	r sd s Allowable (16	5:10-17-7)		Gas Purc	haser/Measure	r			
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 pregared 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 through.	FRACTURE TREATMENT (Fluids/Prop Amounts)	1372 bbl slkwt 45,000# 30/50 s Min Gas	r sd s Allowable (16 or					r			
OIL-GRAVITY (API)       23         GAS-MCF/DAY       O         GAS-OIL RATIO CU FT/BBL       AS SUBMITTED         WATER-BBL/DAY       O         PUMPING OR FLOWING       pumping         INITIAL SHUT-IN PRESSURE       O         CHOKE SIZE       O         FLOW TUBING PRESSURE       O         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         Multinum W       Gerald W. Lundy       10/30/2017       479-709-901	FRACTURE TREATMENT (Fluids/Prop Amounts)	1372 bbl slkwt 45,000# 30/50 s Min Gas Oll Allor	r sd s Allowable (16 or					r			
GAS-MCF/DAY       O         GAS-OIL RATIO CU FT/BBL       AS SUBMITTED         WATER-BBL/DAY       O         PUMPING OR FLOWING       Pumping         INITIAL SHUT-IN PRESSURE       O         CHOKE SIZE       O         FLOW TUBING PRESSURE       O         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 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 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 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 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 to make this report. I down the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief to make this report. I down the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief to the best of my knowledge and belief to the best of my knowledge and	FRACTURE TREATMENT (Fluids/Prop Amounts)	1372 bbl slkwt 45,000# 30/50 s Min Gas Oll Allon 10/26/2017	r sd s Allowable (16 or					r			
GAS-OIL RATIO CU FT/BBL       AS SUBMITTED         WATER-BBL/DAY       O         PUMPING OR FLOWING       pumping         INITIAL SHUT-IN PRESSURE       O         CHOKE SIZE       O         FLOW TUBING PRESSURE       O         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         Mud Mul	FRACTURE TREATMENT (Fluids/Prop Amounts)	1372 bbl slkwt 45,000# 30/50 s Min Gas Oil Allor 10/26/2017 24	r sd s Allowable (16 or			First Sale	s Date				
PUMPING OR FLOWING       pumping         INITIAL SHUT-IN PRESSURE       0         CHOKE SIZE       0         FLOW TUBING PRESSURE       0         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         August MultiAugust       Gerald W. Lundy       10/30/2017       479-709-901	FRACTURE TREATMENT (Fluids/Prop Amounts) 	1372 bbl slkwt 45,000# 30/50 s Min Gas Oll Allon 10/26/2017 24 23	r sd s Allowable (16 or			First Sale	s Date				
PUMPING OR FLOWING       pumping         INITIAL SHUT-IN PRESSURE       0         CHOKE SIZE       0         FLOW TUBING PRESSURE       0         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         August MultiAugust       Gerald W. Lundy       10/30/2017       479-709-901	FRACTURE TREATMENT (Fluids/Prop Amounts) INITIAL TEST DATA INITIAL TEST DATE OIL-BBL/DAY OIL-GRAVITY ( API) GAS-MCF/DAY	1372 bbl slkwt 45,000# 30/50 s Min Gas Oll Allon 10/26/2017 24 23	r sd s Allowable (16 or	3)		First Sale	s Date				
INITIAL SHUT-IN PRESSURE       0         CHOKE SIZE       0         FLOW TUBING PRESSURE       0         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         August MultiAugust       Gerald W. Lundy       10/30/2017       479-709-901	FRACTURE TREATMENT (Fluids/Prop Amounts) INITIAL TEST DATA INITIAL TEST DATE OIL-BBL/DAY OIL-GRAVITY ( API) GAS-MCF/DAY GAS-OIL RATIO CU FT/BBL	1372 bbl slkwt 45,000# 30/50 s Min Gas Oil Allou 10/26/2017 24 23 ©	r sd s Allowable (16 or	3)	AS	First Sale	s Date				
CHOKE SIZE       FLOW TUBING PRESSURE       Image: Choke state in the state of the contents of the state of the contents of the state of the contents of the state of the state of the contents of the state of the stat	FRACTURE TREATMENT (Fluids/Prop Amounts) INITIAL TEST DATA INITIAL TEST DATE OIL-BBL/DAY OIL-GRAVITY ( API) GAS-MCF/DAY GAS-OIL RATIO CU FT/BBL AVATER-BBL/DAY	1372 bbl slkwt 45,000# 30/50 s Min Gas 0il Allor 10/26/2017 24 23 0	r sd s Allowable (16 or	3)	AS	First Sale	s Date		D		
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         Mudd MultiAuguru       Gerald W. Lundy       10/30/2017       479-709-901	FRACTURE TREATMENT (Fluids/Prop Amounts) INITIAL TEST DATA INITIAL TEST DATE OIL-BBL/DAY OIL-GRAVITY ( API) GAS-MCF/DAY GAS-OIL RATIO CU FT/BBL AGATER-BBL/DAY PUMPING OR FLOWING	1372 bbl slkwt 45,000# 30/50 s Min Gas oil Allou 10/26/2017 24 23 0 0 0 0 0 0 0	r sd s Allowable (16 or	3)	AS	First Sale	s Date				
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Gerald W. Lundy 10/30/2017 479-709-901	FRACTURE TREATMENT (Fluids/Prop Amounts) INITIAL TEST DATA INITIAL TEST DATE OIL-BBL/DAY OIL-BBL/DAY OIL-GRAVITY ( API) GAS-OIL RATIO CU FT/BBL GAS-OIL RATIO CU FT/BBL AMATER-BBL/DAY PUMPING OR FLOWING INITIAL SHUT-IN PRESSURE CHOKE SIZE	1372 bbl slkwt 45,000# 30/50 s Min Gas oil Allou 10/26/2017 24 23 0 0 0 0 0 0 0	r sd s Allowable (16 or	3)	AS	First Sale	s Date		D		
Gerald W. Lundy 10/30/2017 479-709-901	FRACTURE TREATMENT (Fluids/Prop Amounts) INITIAL TEST DATA INITIAL TEST DATE OIL-BBL/DAY OIL-BBL/DAY OIL-GRAVITY ( API) GAS-OIL RATIO CU FT/BBL GAS-OIL RATIO CU FT/BBL AMATER-BBL/DAY PUMPING OR FLOWING INITIAL SHUT-IN PRESSURE CHOKE SIZE	1372 bbl slkwt 45,000# 30/50 s Min Gas oil Allou 10/26/2017 24 23 0 0 0 0 0 0 0	r sd s Allowable (16 or	3)	AS	First Sale	s Date		D		
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Form 1002A Rev. 2009

PLEASE TYPE OR USE BL FORMATION RE Give formation names and tops, if available, or descr drilled through. Show intervals cored or drillstem test	CORD	LEASE NAME	Green Ranch	
NAMES OF FORMATIONS	TOP		FOR COMMISSION	USE ONLY
Permian	0	ITD on file		
Cisco	545			
Hoxbar	1373		APPROVED 2) Reject Codes	5
Deese	2,080			
		Were open hole logs run?	<u>X</u> yes no	
	1996년 - 1998년 1917년 1 1917년 - 1917년 1 1917년 - 1917년 1	Date Last log was run	9/14/2017	
		Was CO <sub>2</sub> encountered?	yes Xno atw	/hat depths?
		Was H <sub>2</sub> S encountered?	yes Xno atw	
		Were unusual drilling circum If yes, briefly explain below:		yes X no
Other remarks:				



If more than three 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.

-		0407	<b><i>ncies</i></b>		

## BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC TV	VP RC	θE	COUNTY			
Spot Location				Feet From 1/4 Sec Lines	FSL	FWL
1/4 Neasured Tota	1/-	1/4 True Vertical De		Feet From 1/4 Sec Lines BHL From Lease, Unit, or Pro		FVVL

## BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

Spot Location						
1/4	1/4	1/4	4.4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation	1/4	Radius of Turn		Direction	Total Length	
Measured Total	Depth	True Vertical De	pth	BHL From Lease, Unit, or Pro		

SEC	IWP	RGE		COUNTY			
Spot Locati	on 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation			Radius of Turn		Direction	Total	
Measured T			True Vertical De	pth	BHL From Lease, Unit, or Property Line:		

#### LATERAL #3

3

SEC TWP	RGE	C	COUNTY			1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 -	
Spot Location 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL	
Depth of Deviation		Radius of Turn	<u></u>	Direction	Total Length		
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:			