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

API No.: 35047244950002

OTC Prod. Unit No.:

Amended

Amend Reason: RECOMPLETION

Drill Type: STRAIGHT HOLE

Well Name: KISNER 59

Location:	GARFIELD 19 22N 3W
	C E2 NW
	1320 FSL 1980 FWL of 1/4 SEC
	Derrick Elevation: 0 Ground Elevation: 1083

Operator: M M ENERGY INC 19118 PO BOX 21904 13927 QUAIL POINTE DR OKLAHOMA CITY, OK 73156-1904 **Completion Report**

Drilling Finished Date: September 12, 2010 1st Prod Date: November 01, 2010 Completion Date: September 23, 2010

Recomplete Date: November 01, 2019

Spud Date: September 08, 2010

Purchaser/Measurer:

First Sales Date:

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

e	Size							
		Weight	Grade	Fe	et	PSI	SAX	Top of CMT
ACE	8 5/8	26	J	3'	314		200	SURFACE
CTION	5.5	15.5	J	26	2609		185	1100
			Liner					
Size	Weight	Grade	Length	PSI	SAX	Top	Depth	Bottom Dept
			Size Weight Grade	Liner	Size Weight Grade Length PSI	Liner Size Weight Grade Length PSI SAX	Liner Size Weight Grade Length PSI SAX Top	Liner Size Weight Grade Length PSI SAX Top Depth

Total Depth: 2609

Pac	ker	Plug					
Depth	Brand & Type	Depth	Plug Type				
There are no Packe	r records to display.	1490	CIBP				
		2300	CIBP				
		2500	CIBP				

Initial Test 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
Nov 01, 2018	CREWS						SWAB			
Nov 05, 2018	HOTSON	25	40				PUMPING			
		Cor	npletion and	l Test Data I	by Producing F	ormation				
	Formation Name: CRE	WS		Code: 40	06CRWS					
	Spacing Orders				Perforated I	ntervals				
Orde	r No	Unit Size		Fror	n	٦	Го			
NO	NE			2134	4	21	178			
	Acid Volumes				Fracture Tre	atments		7		
	2,000 GALLONS				NON	E				
Formation Name: HOTSON				Code: 451HTSN Class: OIL						
	Spacing Orders				Perforated I	7				
Orde	r No	Unit Size		From			Го			
NO	NE			1358 1364						
	Acid Volumes				Fracture Tre	7				
	300 GALLONS				NON					
Formation			ор		Vere open hole	•				
HOTSON				1350 Date last log run: September 11, 2010						
CREWS				2100 Were unusual drilling circumstances encountered? No						
				E	Explanation:					
Other Remark										

RECOMPLETION

FOR COMMISSION USE ONLY

Status: Accepted

1142187

MA OF 2:4405 DILLAGE TYPE ON LIEE BLACK WK ONLD DIRUMPACTOR CONCOUNT ON CONSISTENT FEED 2 6 2013 Dire Transment Re completion Southware in the transment on transment on transment on transment on the transment on transm		22										-						
Image: Control of control control control of control	04/_24/05	(PLI	EASE TYPE O	R USE BLAG	CK INK ONLY)							1	RIE	XCI	EC II		RID	Form
LINE TAG	NU.	-					OKL					5	And					Re
	UNIT NO.							Post	Office Box	¢ 52000				FEB 2	26	2019		
Accord Production Department COMPLETION REPORT COMPLETION REPORT Complexition of Provide Weak Provide Weak Provide Weak Complexition of Provide Weak Complexition of Provide Weak Sec 19 (tree 22n) Role 39/2/2010 Complexition of Provide Weak Complexition of Provide Weak Complexition of Weak Sec 19 (tree 22n) Role 39/2/2010 Complexition of Provide Weak Complexition of Provide Weak Complexition of Provide Weak Complexition of Weak Mark Complexition of Weak Provide Weak Provide Weak Provide Weak Complexition of Weak Mark Complexition of Weak Provide Weak Provide Weak Provide Weak Provide Weak Complexition of Weak Provide Weak Provide Weak Provide Weak Provide Weak Provide Weak Complexition of Weak Provide Weak Provide Weak Provide Weak Provide Weak Provide Weak Complexition of Weak Provide Weak Provide Weak Provide Weak Provide Weak Complexition of Weak Provide Weak Provide Weak Provide Weak Provide Weak Complexition of Weak Provide Weak Provide Weak			Po oo	molation			O				2000	-			• •			
Status Discretion Discretion<			Re coi	npietion		-		COMF	LETION	REPORT		C	KLAH			POR	ATION	
□=RPPCOV CULL □=RPCOV CULL							SPUD D	ATE	9/8/	2010	1			640 Å	cres C	NON		
Comment Garfield Isc. 19 Ive 22n (no. 2)	SERVICE WELL					ī		INISHED	9/12	/2010	1 1	2						
Links Nill Company Company <thcompany< th=""> <thcompany< th=""> <thcompan< td=""><td></td><td></td><td>1</td><td></td><td>n RGE 3w/</td><td></td><td>DATE O</td><td></td><td></td><td></td><td>-</td><td>Λ</td><td></td><td>LK</td><td></td><td></td><td></td><td></td></thcompan<></thcompany<></thcompany<>			1		n RGE 3w/		DATE O				-	Λ		LK				
Construction Construction<	EASE				A/ELL						-	/						
BERNAND Convert DAD Transport Transport BERNAND Convert DAD Transport Transport DERIAND Convert DAD Transport Transport DERIAND MME Energy France OF Transport Transport DERIAND MME Energy France OK ZP Transport DE DERIAND OKIAID Transport OK ZP Transport DE			•.	F 4000	NU.						l v	1						:
Control Control <t< td=""><td>ELEVATION</td><td></td><td>1/4 SE</td><td>0</td><td>1/4 SEC</td><td>180</td><td></td><td></td><td>11/1</td><td>/2019</td><td>- '</td><td></td><td>4</td><td></td><td></td><td></td><td></td><td></td></t<>	ELEVATION		1/4 SE	0	1/4 SEC	180			11/1	/2019	- '		4					
MME MME Integry June Diversions no. 19118 CREERS P O Box 21904 starte ok zin 73156 COMPLETION TYPE CASING & CELEVY (Match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) MILETION ZONE CASING & CELEVY (Match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) MILETION ZONE Complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) Complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) Complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) Complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) Complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexity (match Point 10920) complexi	Jenick FL						(if k							+-+	+		+	
Diff Oklahoma City Instre ok pr 73156 COMPLETION TYPE CASHO & CERPT (Athe Instrem 10000) Control 1000000000000000000000000000000000000	AME		MM Energ	gy In	nc -			10.	19	118		-					+	
DOME CONSINCE CONSINCE DECREPTOR LOCATE WELL X TOP OF 2270R TOP OF CAT CONSINCE PEET PEE PEE <td>ADDRESS</td> <td></td> <td></td> <td>POB</td> <td>ox 21904</td> <td></td> <td>+</td> <td></td>	ADDRESS			POB	ox 21904												+	
COMPLETION TYPE CASING & CEREPT (Inter-Transport PEET PSI Sax TOP or CAT MILTERT ZONE	сту С	klahoma	City		STATE		ok	ZIP	73	156]			LOCATE	WFU			
Output Exole Output Exole The I The I <td></td> <td>T</td> <td></td> <td>CAS</td> <td>SING & CEMEN</td> <td>T (Atta</td> <td>ch For</td> <td>m 1002C)</td> <td></td>		T		CAS	SING & CEMEN	T (Atta	ch For	m 1002C)										
Instruction Description Declaming tool Declaming to the system of the system					TYPE	SIZ	ZE	WEIGHT	GRADE		FEET		PSI	SA	x	TOP OF	CMT	
Builting Date Birth CE B 5/8 26 J 314 200 SURFACE Description	Application Date													-				
BREE NO Introductory	Application Date			SUR	FACE	85	5/8	26	J		314			200		SURF	ACE	
Inscension PRODUCTION 5.5 J 2609 155 1100 ACKER @ BRAND & TYPE UNER INFORMATION Status Information In	DRDER NO.			┥ ┝──														
ACKER @						5.	5	15.5	J		2609			185	5	110	0	
Oncold The Oncold The Oncold The Out of the second term of the second te				L				1-0-1	-					TOTAL				
DOMESTION & TEST DATA BY PRODUCING FORMATION 406 CRWS 451HTTSN ORMATION Crews Holson No Frac SOMATION Crews Holson No Frac PROFINA STRATE none none No Frac SIGNATION Crews Holson No Frac PROFINA STRATE none none No Frac SIGNATION Crews dry oil Image: Signature Signatu					$3 @ -23 \\ 14$	00 T	TYPE	TPP	PLUG @			CIL	38		L	2,60)9	
ORMATION Crews Hotson No Frac PACING A SPACING none none none PACING A SPACING none none none Map, Comm Day, Sve dry oil none Map, Comm Day, Sve dry oil none ERFORATED 2134-40 1358-64 none Trervals 2170-2178 none none CitoVoLUME 2000 gallon 300 gallon none Min Gas Allowable (166:10-17.7) Gas Purchaser/Massurer NITAL TEST DATE 11/1/12018 11/5/2018 IITAL TEST DATE 11/1/1/2018 11/5/2018 LeBRUDAY 0 0 ASS OLI RATIO CU FY/BBL 0 0 Min Ges Allowable 0 Impole OR APLOWING Swab pump ITAL TEST DATE 11/1/1/2018 11/5/2018 LaBRUDAY 0 0 Impole ARCE REALWAY 0 0 Impole Mind Ges Allowable 0 Impole			and the second se							.	TYPE							
PACING & SPACING PACING & PACING PACING & PACING & PACING & PACING PACING & PACING & PACING & PACING PACING & PACING & PACING & PACING & PACING PACING & PACI			_			1	210	<i>.</i>	200						A	1.5	0	
INDER NUMBER NOR6 NOR6 NOR6 NOR6 NIDER NUMBER dry oil					11010011										/\	OPA	ac	
Xiep, Comm Disp, Sv: dry oil ERFORATED 2134-40 1358-64 ITTERVALS 2170-2178 CIGAVOLUME 2000 gallon 300 gallon 300 gallon ICRAVOLUME 2000 gallon ORACTURE TREATMENT none Indias/Rop Amounts) none Min Gas Allowable (185:10-17.7) Gas Purchaser/Measurer First Sales Dato ITTAL TEST DATE 11/1/2018 IL-BBL/DAY dry dry 0 ASS-CLIARY 0 ASS-CLIARY 0 MIN Gas Allowable (185:10-17.7) Gas Purchaser/Measurer First Sales Dato ITTAL TEST DATE 11/1/2018 11/1/2018 11/5/2018 L-BBL/DAY 0 ASS SUBB MOITTEE ASSOL RATIO CU T/BBL 0 O 0 MING R FLOWING Swab PO MON Swab MING R FLOWING Swab MING R FLOWING Swab Dump Image and ballowable OW TUBING PRESSURE Image and ballowable OW TUBING PRESSURE Image and ballowable OW TUBING PRESSURE Image and ballowable			none		none													
Interval.s Interval.s <td></td> <td></td> <td>1</td> <td></td>			1															
ITERVALS 2134-40 1358-64 2170-2178 Image: Construction of the second of the contents of the sport and am authorized by my organization of mike the sport which was performed of the original and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and basis. Mind Bas Allowable (165:10-13-3) ITTAL TEST DATA Image: Construction of the sport and am authorized by my organization of mike murphy Mind Gas Allowable (165:10-13-3) ITTAL TEST DATA Image: Construction of the sport and am authorized by my organization of mike the sport and am authorized by my organization of mike the sport which was performed of the original and complete to the state of the state between the between organization of mike the sport which was performed of the original and complete of the orinder of the sport and andinformate of the sp			ary		OII													
vitervALS 2134-40 1358-64 Image: constraint of the sport and am authorized by my organization. MINB DR PLESURE MINE (PRINT OR TYPE) DATE PO NEN NUMBER NAME (PRINT OR TYPE) DATE PHONE NUMBER PHONE NUMBER																		
2170-2178 2000 gallon 300 gallon CID/VOLUME 2000 gallon 300 gallon RACTURE TREATMENT none none None none none Min Gas Allowable (165:10-17-7) Gas Purchaser/Measurer First Sales Date Oil Allowable (165:10-17-7) Oil Allowable (165:10-17-7) Gas Purchaser/Measurer First Sales Date Oil Allowable (165:10-17-7) Oil Allowable (165:10-17-7) Gas Purchaser/Measurer First Sales Date Oil Allowable (165:10-17-7) Oil Allowable (165:10-17-7) Gas Purchaser/Measurer First Sales Date Oil Allowable (165:10-17-7) Association of the provide of the content of the second state of the provide of the content of the provide of the content of the provide of the content of the second state of the provide of the content of the second state of the content of the second state of the provide of the content of the second state of the content of the content of the second state of the content of the second the con		2	134-40		1358-64											ę.		
CID/VOLUME 2000 gallon 300 gallon CID/VOLUME CID/VOL	TERVALO	21-	70 0170															
ACTURE TREATMENT none none NITAL TEST DATA none none MIN Gas Allowable (165:10-17-7) Gas Purchaser/Measurer First Sales Date 0il Allowable (165:10-17-7) OII Allowable (165:10-17-7) Gas Purchaser/Measurer First Sales Date 0il Allowable (165:10-17-7) ATTAL TEST DATA 0il Allowable (165:10-17-7) AGAR VITY (API) 40 Allowable As-MCF/DAY 0 0 AS-OIL RATIO CU FT/BBL 0 0 MITAL SHUT-IN PRESSURE Assolution Assolution of the formations diffed 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 for male this report which was presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to male the reference on the formations 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 for male the reference on the formations diffed through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of the best of my knowledge and belief. A record of the formations diffed through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of the best of my knowledge		217	/ 0-2 1 / 0															
none none none Min Gas Allowable (165:10-17-7) Gas Purchaser/Measurer NITIAL TEST DATA OI Allowable (165:10-17-7) OR (165:10-13-3) NITIAL TEST DATE 11/1/1/2018 11.4BB/DAY dry 25 IL-BB/DAY 0 0 As-Corl RATIO CU FT/BBL 0 0 As-Corl RATIO CU FT/BBL 0 0 JMPING OR FLOWING Swab pump ITIAL SHUT-IN PRESSURE	CID/VOLUME	200	0 gallon	್ರಾಚಾ .	300 gallon										с. С			
Inone none none Min Gas Allowable (165:10-17-7) Gas Purchaser/Measurer NITIAL TEST DATA OI Allowable (165:10-17-7) OR (165:10-13-3) IIITIAL TEST DATE 11/1/1/2018 IL-BBUDAY dry Ascort of the formations diled 0 Ascort of the formations diled through, and pertinent remarks are presented on the reverse. I declare that have knowledge of the contents of this report and an authorized by my organization to make this report with was preprint of the or under my supervision and direction, with the data and facts state therein to be true, correct, and complete to be to be of the state therein to be true, correct, and complete to be to be of the state therein to be true, correct, and complete to be to be of the state therein to be true, correct, and complete to the best of my organization to make the report of the or under my supervision and direction, with me data and facts state therein to be true, correct, and complete to the best of my organization to make the report of the or under my supervision and direction, with Mike (PRINT OR TYPE) P O Box 21804 Oklahoma City, Ok 73156																		
none none none Min Gas Allowable (165:10-17-7) Gas Purchaser/Measurer NITIAL TEST DATA OI Allowable (165:10-17-7) OR (165:10-13-3) NITIAL TEST DATE 11/1/1/2018 11.4BB/DAY dry 25 IL-BB/DAY 0 0 As-Corl RATIO CU FT/BBL 0 0 As-Corl RATIO CU FT/BBL 0 0 JMPING OR FLOWING Swab pump ITIAL SHUT-IN PRESSURE	RACTURE TREATMENT									5. 1		ļ						
Intral TEST DATA OR First Sales Date Intral TEST DATA OII Allowable (165:10-13:3) Intral TEST DATE 11/1//2018 11/5/2018 IL-BBL/DAY dry 25 IL-BBL/DAY 0 0 AS-MCF/DAY 0 0 AS-MCF/DAY 0 0 AS-OIL RATIO CU FT/BBL 0 0 JMPING OR FLOWING Swab pump ITIAL SHUT-IN PRESSURE 0 0 A Tecrof of the figmations 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 portarized by my organization 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 portarized by my organization. More this report and am authorized by my organization 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 portarized the more under my supervision and direction, with the data stated herein to be true, correct, and connected by my organization. Mile MUTTORE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net			none		none													
Intral TEST DATA OR First Sales Date Intral TEST DATA OII Allowable (165:10-13:3) Intral TEST DATE 11/1//2018 11/5/2018 IL-BBL/DAY dry 25 IL-BBL/DAY 0 0 AS-MCF/DAY 0 0 AS-MCF/DAY 0 0 AS-OIL RATIO CU FT/BBL 0 0 JMPING OR FLOWING Swab pump ITIAL SHUT-IN PRESSURE 0 0 A Tecrof of the figmations 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 portarized by my organization 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 portarized by my organization. More this report and am authorized by my organization 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 portarized the more under my supervision and direction, with the data stated herein to be true, correct, and connected by my organization. Mile MUTTORE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net			1															
Intral TEST DATA OR First Sales Date Intral TEST DATA OII Allowable (165:10-13:3) Intral TEST DATE 11/1//2018 11/5/2018 IL-BBL/DAY dry 25 IL-BBL/DAY 0 0 AS-MCF/DAY 0 0 AS-MCF/DAY 0 0 AS-OIL RATIO CU FT/BBL 0 0 JMPING OR FLOWING Swab pump ITIAL SHUT-IN PRESSURE 0 0 A Tecrof of the figmations 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 portarized by my organization 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 portarized by my organization. More this report and am authorized by my organization 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 portarized the more under my supervision and direction, with the data stated herein to be true, correct, and connected by my organization. Mile MUTTORE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net			Min Gar					A										
ITTIAL TEST DATA Oil Allowable (165:10-13-3) IITIAL TEST DATE 11/1/2018 11/5/2018 IL-BBL/DAY dry 25 IL-GRAVITY (API) 40 AS-MCF/DAY 0 0 AS-OLI RATIO CU FT/BBL 0 0 MAS-OLI RATIO CU FT/BBL 0 0 JUMPING OR FLOWING Swab pump ITTIAL SHUT-IN PRESSURE			win Gas		(165:1	10-17-7))				Measurer							
IL-BBL/DAY dry 25 IL-GRAVITY (API) 40 AS-MCF/DAY 0 AS-OL RATIO CU FT/BBL 0 AS-OL RATIO CU FT/BBL 0 AS-OL RATIO CU FT/BBL 0 JMPING OR FLOWING swab JMPING OR FLOWING swab <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>										-								
As-MCF/DAY 0 0 0 As-OIL RATIO CU FT/BBL 0 0 Image: Comparison of the second se		11/	/1/2018		11/5/2018											-		
As-MCF/DAY 0 0 0 As-OIL RATIO CU FT/BBL 0 0 Image: Comparison of the second se	IL-BBL/DAY		dry		25					Í					111			
As-MCF/DAY 0 0 0 As-OIL RATIO CU FT/BBL 0 0 Image: Comparison of the second of the second of the second 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 of ne 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. 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 reform which was prepared to ne 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. Mass 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 reform. Which was prepared to ne 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. Mass of the formations drilled through and pertinent marks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization. Mass of the formations drilled through and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of the best of my knowledge and belief. Mass of the formations drilled through and pertinent complete to the best of my kno	IL-GRAVITY (API)				40							ЦЦ			Ш			
JMPING OR FLOWING Swab pump ITIAL SHUT-IN PRESSURE Image: Supervision 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 or make this report, which was prepared by the 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. 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 or make this report, which was prepared by the 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. Mail or make this report. Mike murphy 2/22/2019 405 463 3355 SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net	AS-MCF/DAY		0		0	T						C	CI	In				
JMPING OR FLOWING Swab pump ITIAL SHUT-IN PRESSURE Image: Supervision 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 or 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. 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 or 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. Main 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 or make this report, which was prepared by my organization. Main 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. Main and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of the best of my knowledge and belief. Main and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of the best of my knowledge and belief. Main and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of the best of my knowledge and belief. Main and there and thereverse. I declare that I have knowledge of the conten	AS-OIL RATIO CU FT/BBL		0		0						H	J	JL	JB	M			
TIAL SHUT-IN PRESSURE Image: Supervision 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 or make this report, which was prepared of 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. Make this report, which was prepared of 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. Make this report, which was prepared of 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. Make this report. Mike murphy 2/22/2019 405 463 3355 SIGNATURE NAME (PRINT OR TYPE) P O Box 21904 Oklahoma City , Ok 73156	ATER-BBL/DAY		0		oil						1111	117						
ITIAL SHUT-IN PRESSURE Image: Supervision 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 or make this report, which was prepared of the 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. Marcord 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 or make this report, which was prepared of 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. Marcord 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 or make this report. Which was prepared of 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. Marcord of the formations drilled through. Mike murphy 2/22/2019 405 463 3355 SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net	JMPING OR FLOWING		swab		pump						Π				Π	IIII	TTT	TTT
OW 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 or make this report, which was prefared 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. Make this report, which was prefared 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. Mike murphy 2/22/2019 405 463 3355 SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net	TIAL SHUT-IN PRESSURE						· · · ·											
OW 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 or 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. M Mike murphy 2/22/2019 405 463 3355 SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net	IOKE SIZE									······								
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 ne 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. Mike murphy 2/22/2019 405 463 3355 SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net																		
NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net	A record of the formations drille	d through and	pertinent rem	arks are proc	sented on the re-		dealars	that I have	knowled	of the	topic - f."	bla	+ 0.7 -		h			
SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net	to make this report, which was	prepared by me	e or under my s	upervision a	nd direction, with	the dat	ta and fa	acts stated	knowledge herein to b	e or the cor le true, con	nents of threat, and c	complete	to the be	st of my kr	by my nowled	organiza ge and b	ition elief.	
P O Box 21904 Oklahoma City , Ok 73156 mike@mmenergy.net												2/						
				Oklahom		AME (P	'RINT C				~	nikae				IE NUME	ER	
ADDRESS CITY STATE ZIP EMAIL ADDRESS	ADDRE					STAT	Ē	ZIP			n				<i>σι</i>			

FORMATION R Give formation names and tops, if available, or desc drilled through. Show intervals cored or drillstem tes	riptions and thickness of formations	LEASE NAME	Kisner	WELL NO
NAMES OF FORMATIONS	ТОР		FOI	R COMMISSION USE ONLY
Crews Hotson	2,100 1350	ITD on file YES	SNO APPROVED	2) Reject Codes
		Were open hole logs run? Date Last log was run	<u>X</u> yes	^{no} 9/11/2010

	Was CO ₂ encountered? Was H ₂ S encountered?	yes X no	at what depths?
	Were unusual drilling circumstance If yes, briefly explain belov		yes
;			

Re-Completion

Other remarks:

4

t

PLEASE TYPE OR USE BLACK INK ONLY

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE		COUNTY			
Spot Loca	1/4	1/4	1/4	1	/4 Feet From 1/4 Sec Lines	FSL	FWL
Measured	l Total Depth	r	rue Vertical De	pth	BHL From Lease, Unit, or F	roperty Line:	

59

____yes __X_no

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL	. #1								
SEC	TWP	RGE		COUNTY					
Spot Loca	tion	1			E. I.E. 140.11				
	1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL		
Depth of Deviation	*		Radius of Turn		Direction	Total Length			
Measured	Total Depth		True Vertical De	pth	BHL From Lease, Unit, or Pr		3		
LATERAL									
SEC	TWP	RGE		COUNTY					
Spot Loca					Feet From 1/4 Sec Lines	FSL	FWL		
	1/4	1/4	1/4	1/4					
Depth of Deviation			Radius of Turn		Direction	Total Length			
Measured	Total Depth		True Vertical De	pth	BHL From Lease, Unit, or Pro				
LATERAL	. #3								
SEC	TWP	RGE		COUNTY					
Spot Loca		·			Feet From 1/4 Sec Lines	FSL	FWL		
	1/4	1/4	1/4	1/4			FVVL		
Depth of			Radius of Turn		Direction	Total			
Deviation	Tatal Day					Length			
Measured Total Depth True Vertical Depth					BHL From Lease, Unit, or Property Line:				

640 Acres

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.

