

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

Form 1002A

API No.: 35063248530000

Completion Report

Spud Date: November 28, 2018

OTC Prod. Unit No.:

Drilling Finished Date: December 05, 2018

1st Prod Date:

Completion Date: December 05, 2018

Drill Type: STRAIGHT HOLE

SERVICE WELL

Well Name: HUGHES DISPOSAL 2

Purchaser/Measurer:

Location: HUGHES 10 7N 8E
NW SW NE NE
837 FNL 1200 FEL of 1/4 SEC
Derrick Elevation: 902 Ground Elevation: 887

First Sales Date:

Operator: HUGHES DISPOSAL LLC 22798

7290 VIRGINIA PKWY STE 3200
MCKINNEY, TX 75071-5743

Completion Type		Location Exception		Increased Density	
	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				

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	9 5/8	36	J-55	628	500	190	SURFACE
PRODUCTION	7	23	N-80	5110	1000	330	SURFACE

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
There are no Liner records to display.								

Total Depth: 5125

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
4242	ARROW / AS1X	There are no Plug records to display.	

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
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There are no Initial Data records to display.

Completion and Test Data by Producing Formation

Formation Name: VIOLACode: 202VIOLClass: COMM DISP

Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
There are no Spacing Order records to display.		4344	4530
Acid Volumes		Fracture Treatments	
There are no Acid Volume records to display.		There are no Fracture Treatments records to display.	

Formation Name: SIMPSONCode: 202SMPSClass: COMM DISP

Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
There are no Spacing Order records to display.		4531	4916
Acid Volumes		Fracture Treatments	
There are no Acid Volume records to display.		There are no Fracture Treatments records to display.	

Formation	Top
VIOLA	4344
SIMPSON	4531

Were open hole logs run? No
Date last log run:

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
OCC - UIC PERMIT NUMBER 1907400030

FOR COMMISSION USE ONLY

1144855

Status: Accepted

API NO. **063-24853**
 OTC PROD. _____
 UNIT NO. _____

(PLEASE TYPE OR USE BLACK INK ONLY)

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

Rule 165:10-3-25

RECEIVED

MAR 09 2020

Form 1002A

Rev. 2009

☒ ORIGINAL
☐ AMENDED (Reason) _____

COMPLETION REPORT

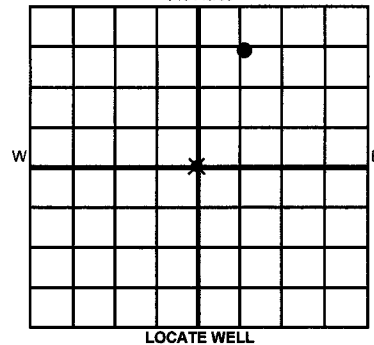
TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
☒ SERVICE WELL

If directional or horizontal, see reverse for bottom hole location.

COUNTY **Hughes** SEC **10** TWP **7N** RGE **8E**
 LEASE NAME **Hughes Disposal** WELL NO. **2** SPUD DATE **11/28/2018**
 NW 1/4 SW 1/4 NE 1/4 NE 1/4 F&L OF 1/4 SEC **837' FNL** PWT OF 1/4 SEC **1200 FEET** DATE OF WELL COMPLETION **12/5/2018**
 ELEVATION Derrick FL **902'** Ground **887'** Latitude (if known) **35 55.076N** Longitude (if known) **96 26 42.309W**
 OPERATOR NAME **Hughes Disposal, LLC** OTC / OCC OPERATOR NO. **22798**
 ADDRESS **7290 Virginia Pkwy., Suite 3200**
 CITY **McKinney** STATE **TX** ZIP **75071**

OKLAHOMA CORPORATION COMMISSION
 640 Acres



LOCATE WELL

COMPLETION TYPE

SINGLE ZONE
 MULTIPLE ZONE Application Date **201900020**
 COMMINGLED Application Date
 LOCATION EXCEPTION ORDER NO.
 INCREASED DENSITY ORDER NO.

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	9 5/8"	36#	J55	628'	500	190	Surface
INTERMEDIATE							
PRODUCTION	7"	23#	N80	5110'	1000	330	Surface
LINER							
TOTAL DEPTH							5125

PACKER @ **4242'** BRAND & TYPE **Arrow / AS1X** PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
 PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Viola	Simpson				
SPACING & SPACING ORDER NUMBER	201900020	201900020	see remarks			
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Comm. Disp.	Comm. Disp.				
PERFORATED INTERVALS	4344'-4530'	4531'-4916'				
ACID/VOLUME						
FRACTURE TREATMENT (Fluids/Prop Amounts)						

Min Gas Allowable (165:10-17-7)

OR

Oil Allowable (165:10-13-3)

Gas Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	N/A					
OIL-BBL/DAY	N/A					
OIL-GRAVITY (API)	N/A					
GAS-MCF/DAY	N/A					
GAS-OIL RATIO CU FT/BBL	N/A					
WATER-BBL/DAY	N/A					
PUMPING OR FLOWING	N/A					
INITIAL SHUT-IN PRESSURE	N/A					
CHOKE SIZE	N/A					
FLOW TUBING PRESSURE	N/A					

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.

THUS SIGNATURE **Ryan Wright** NAME (PRINT OR TYPE) **3/5/20** DATE **2147332671** PHONE NUMBER
7290 W. Virginia Pkwy #3200 ADDRESS **McKinney TX 75071** CITY STATE ZIP **admin@figtreecv.com** EMAIL ADDRESS

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

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

LEASE NAME _____ WELL NO. _____

NAMES OF FORMATIONS	TOP
Viola	4344'
Simpson	4531'

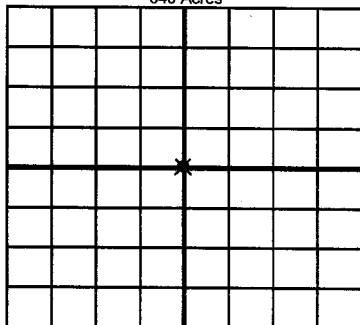
FOR COMMISSION USE ONLY	
ITD on file <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROVED _____	DISAPPROVED _____
2) Reject Codes	

Were open hole logs run?	yes	<input checked="" type="checkbox"/> no
Date Last log was run	N/A	
Was CO ₂ encountered?	yes	<input checked="" type="checkbox"/> no at what depths? _____
Was H ₂ S encountered?	yes	<input checked="" type="checkbox"/> no at what depths? _____
Were unusual drilling circumstances encountered?	yes	<input checked="" type="checkbox"/> no
If yes, briefly explain below		

Other remarks:

Oil - 4K Permit 1907400030

640 Acres

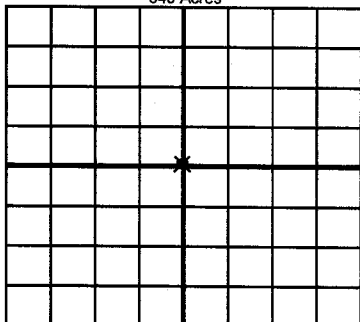


If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

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.

640 Acres



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

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

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length

LATERAL #2

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length

LATERAL #3

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	Total Length

API No. 35-063-24853
OTC/OCC Operator No.

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
Rev. 1996

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name		OCC District	
*Operator Hughes Disposal LLC		OCC/OTC Operator No 22798	
*Well Name/No. Hughes Disposal #2		County Hughes County, OK	
*Location NW 1/4 SW 1/4 NE 1/4 NE 1/4	Sec 10	Twp T07N	Rge R08E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		11/29/2018				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		100%				
*Size of Casing (inches O.D.)		9 5/8				
*Top of Liner (if liner used) (ft.)		NA				
*Setting Depth of Casing (ft.) from ground level		628				
Type of Cement (API Class) in first (lead) or only slurry		A				
In second slurry		A				
In third slurry		NA				
Sacks of Cement Used in first (lead) or only slurry		95				
In second slurry		95				
In third slurry		NA				
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		279.3				
In second slurry		175.75				
In third slurry		NA				
Calculated Annular Height of Cement behind Pipe (ft)		628				
Cement left in pipe (ft)		48.33				

*Amount of Surface Casing Required (from Form 1000) _____ ft.


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

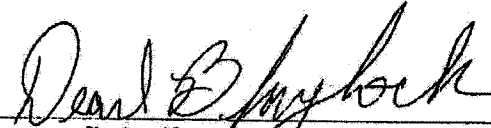
CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks			
Lead Slurry:	95	Sacks	
95 Sacks Class A, 2% Gypsum, 2% Calcium Chloride, 2% SMS			
Tail Slurry:	95	Sacks	
95 Sacks Class A, 2% Gypsum, 2% Calcium Chloride, 2% SMS			

Remarks

CEMENTING COMPANY
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.
 Signature of Cementer or Authorized Representative

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

Name & Title Printed or Typed	
STEVEN PARKER FIELD SUPERVISOR	
Spinnaker Oilfield Services LLC	
Address 3675 Alfadale	
City El Reno	
State OK	Zip 73036
Telephone (AC) Number 1-405-265-2804	
Date November 29, 2018	

Name & Title Printed or Typed	
DARREL BAYLOCK COMPANY MAN	
Operator <input checked="" type="checkbox"/> Hughes Disposal, LLC	
Address <input checked="" type="checkbox"/> 7290 Virginia Parkway, Ste # 3200	
City <input checked="" type="checkbox"/> McKinney	
State <input checked="" type="checkbox"/> TX	Zip <input checked="" type="checkbox"/> 75071
Telephone (AC) Number <input checked="" type="checkbox"/> 866-894-7309 ext. 1610	
Date <input checked="" type="checkbox"/> December 12, 2018	

INSTRUCTIONS

- 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.
 - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

CEMENTING REPORT

Form 1002C
Rev. 2012

API No.

35-063-24853

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(f)

This form shall be filed with 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(f). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Operator Hughes Disposal LLC	OCC/OTC 22798
*Well Name/No. Hughes Disposal #2	County Hughes County, OK
*Location NW 1/4 SW 1/4 NE 1/4 NE 1/4 Sec 10 Twp T07N Rge R08E	

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					12/5/2018	
*Size of Drill Bit (inches)					8 3/4	
*Estimated % wash or hole enlargement used in calculations					30%	
*Size of Casing (inches O.D.)					7	
*Top of Liner (if liner used) (ft.)					N/A	
*Setting Depth of Casing (ft.) from ground level					5110	
Type of Cement (API Class)					A:POZ:65:35	
In first (lead) or only slurry					Class A	
In second slurry					N/A	
In third slurry					N/A	
Sacks of Cement Used					240	
In first (lead) or only slurry					90	
In second slurry					N/A	
In third slurry					N/A	
Vol of slurry pumped (Cu BX 14 X 15.)					842.4	
In first (lead) or only slurry					163.8	
In second slurry					N/A	
In third slurry					N/A	
Calculated Annular Height of Cement behind pipe (ft)					5110	
Cement left in pipe (ft)					34	

*Amount of Surface Casing Required (from Form 1000) _____ ft.

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

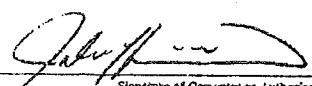
CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

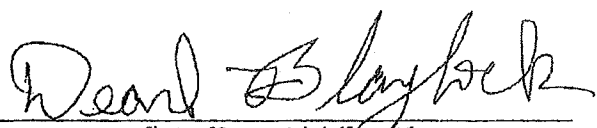
* Designates items to be completed by Operator.

Items not so designated shall be completed by the Cementing Company.

Remarks		
LEAD	240	Sacks
240 Sacks 65/35 STANDARD/POZ, 6% Gel, 3.5% CC, 0.5# Polyflakes		
TAIL	90	Sacks
90 sbs STANDARD, 2% Gyp, 1.5% SMS		

*Remarks

CEMENTING COMPANY
I declare under applicable Corporation Commission rule, that I am authorized to make 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 on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.
 Signature of Cementing or Authorized Representative

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

Name & Title (Printed or Typed)	JOHN TREVINO, SERVICE SUPERVISOR	
Cementing Company	Spinnaker Oilfield Services LLC	
Address	3675 S Alfordale Rd	
City	El Reno	
State	OK	Zip 73036
Telephone (AC) Number	405-345-9550	
Date	Wednesday, December 5, 2018	

Name & Title (Printed or Typed)	X Dearl Blaylock, Company Man	
*Operator	X Hughes Disposal, LLC	
*Address	X 7290 Virginia Parkway, Ste #3200	
*City	X McKinney	
*State	TX.	*Zip X 75071
Telephone (AC) Number	X 866-894-7309 ext. 1610	
*Date	X December 12, 2018	

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, with the Completion Report (Form 1002A) for a producing well or a dry hole.
 B) An original of this form shall be filed with 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.
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4.

API NO. 063-24853
OTC PROD. _____
UNIT NO. _____

(PLEASE TYPE OR USE BLACK INK ONLY)

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

Rule 165:10-3-25

RECEIVED

MAR 09 2020

Form 1002A

Rev. 2009

☒ ORIGINAL
☐ AMENDED (Reason) _____

COMPLETION REPORT

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
☒ SERVICE WELL

If directional or horizontal, see reverse for bottom hole location.

COUNTY **Hughes** SEC **10** TWP **7N** RGE **8E**
LEASE NAME **Hughes Disposal** WELL NO. **2**
NW 1/4 SW 1/4 NE 1/4 NE 1/4 F66 OF 837' FNL FWL OF 1200 FEET
ELEVATION 902' Ground 887' Latitude (if known) 35 5 56.076N Longitude (if known) 96 26 42.309W
OPERATOR NAME **Hughes Disposal, LLC** OTC / OCC OPERATOR NO. **22798**
ADDRESS **7290 Virginia Pkwy., Suite 3200**
CITY **McKinney** STATE **TX** ZIP **75071**

SPUD DATE **11/28/2018**

DRLG FINISHED DATE **12/5/2018**

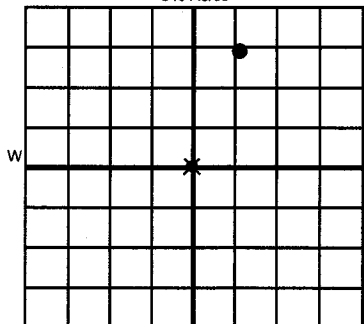
DATE OF WELL COMPLETION **12/5/2018**

1st PROD DATE

RECOMP DATE

OKLAHOMA CORPORATION COMMISSION

640 Acres



LOCATE WELL

COMPLETION TYPE

SINGLE ZONE
MULTIPLE ZONE Application Date **201900020**
COMMINGLED Application Date
LOCATION EXCEPTION ORDER NO.
INCREASED DENSITY ORDER NO.

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	9 5/8"	36#	J55	628'	500	190	Surface
INTERMEDIATE							
PRODUCTION	7"	23#	N80	5110'	1000	330	Surface
LINER							

PACKER @ **4242'** BRAND & TYPE **Arrow / AS1X**

PACKER @ _____ BRAND & TYPE _____

PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

TOTAL DEPTH **5125**

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Viola	Simpson				
SPACING & SPACING ORDER NUMBER	201900020	201900020	<i>see remarks</i>			
CLASS: Oil, Gas, Dry, Inj. Disp, Comm Disp, Svc	Comm. Disp.	Comm. Disp.				
PERFORATED INTERVALS	4344'-4530'	4531'-4916'				
ACID/VOLUME						
FRACTURE TREATMENT (Fluids/Prop Amounts)						

Min Gas Allowable (165:10-17-7)

OR

Oil Allowable (165:10-13-3)

Gas Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	N/A					
OIL-BBL/DAY	N/A					
OIL-GRAVITY (API)	N/A					
GAS-MCF/DAY	N/A					
GAS-OIL RATIO CU FT/BBL	N/A					
WATER-BBL/DAY	N/A					
PUMPING OR FLOWING	N/A					
INITIAL SHUT-IN PRESSURE	N/A					
CHOKE SIZE	N/A					
FLOW TUBING PRESSURE	N/A					

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.

[Signature] **Ryan Wright** 3/5/20 214 733 2671
SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER
7290 W. Virginia Pkwy #3200 McKinney TX 75071 admin@figtreecv.com
ADDRESS CITY STATE ZIP EMAIL ADDRESS

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

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

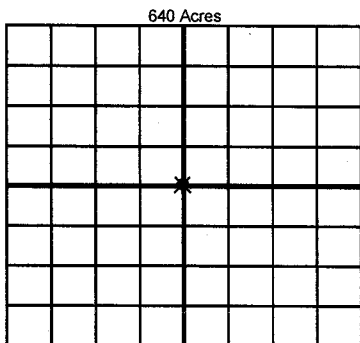
LEASE NAME _____ WELL NO. _____

NAMES OF FORMATIONS	TOP
Viola	4344'
Simpson	4531'

FOR COMMISSION USE ONLY	
ITD on file <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROVED _____ DISAPPROVED _____	2) Reject Codes

Were open hole logs run?	yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>
Date Last log was run	N/A
Was CO ₂ encountered?	yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> at what depths? _____
Was H ₂ S encountered?	yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> at what depths? _____
Were unusual drilling circumstances encountered?	yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>
If yes, briefly explain below	

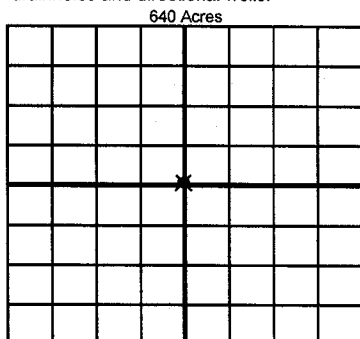
Other remarks: OK - Permit 1907400030



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.



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

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

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

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

LATERAL #2

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

LATERAL #3

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