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

API No.: 35137091490002	Completion Report	Spud Date: January 07, 1953
OTC Prod. Unit No.:		Drilling Finished Date: February 17, 1953
Amended		1st Prod Date: March 17, 1953
Amended Amend Reason: COMPLETE AS WATER INJECTION WELL / NEW		Completion Date: March 17, 1953
Amena Reason. COWFLETE AS WATER INJECTION WELL/ NEW	UIC ORDER	Recomplete Date: February 27, 2018

## Drill Type: STRAIGHT HOLE

#### SERVICE WELL

Well Name: NORTH DOYLE PENN SAND UNIT (HATTIE HARRELL 3) 8-3

Location: STEPHENS 3 1N 5W C NW NE SE 2310 FSL 1650 FWL of 1/4 SEC Latitude: 34.58611 Longitude: -97.70692 Derrick Elevation: 1167 Ground Elevation: 0

Operator: PHOENIX PETROCORP INC 19499

3900 S STONEBRIDGE DR STE 1201 MCKINNEY, TX 75070-8084 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		

				Casing and C	ement				
7	Гуре	Si	ze Weigł	nt Grade	e F	eet	PSI	SAX	Top of CMT
SU	RFACE	10	3/4 32		2	124		175	SURFACE
PROE	DUCTION	7	7 23	J-55	6	055		500	4049
				Liner					
Туре	Size	Weight	Grade	Length	PSI	SAX	Тор	o Depth	Bottom Depth
	1		There a	re no Liner rec	ords to disp	l blay.	1		1

# Total Depth: 6037

Pac	ker	Р	lug
Depth	Brand & Type	Depth	Plug Type
5031	ARROWSET 1	There are no Plug	records to display.

**Initial Test Data** 

Test Date	Formation	Oil BBL/Day	Oil-Gra (AP		Gas MCF/Day	Gas-Oil Ratio Cu FT/BBL	Water BBL/Day	Pumpin or Flowing	Initial Shut- In Pressure	Choke Size	Flow Tubing Pressure
			There	are no	Initial Data	records to disp	olay.				
		Con	npletior	n and T	fest Data b	y Producing F	ormation				
	Formation Name: PENN	SD			Code: 40	9PVSD	С	lass: INJ			
	Spacing Orders					Perforated In	ntervals				
Orde	r No Ui	nit Size			From	1	Т	o			
150	290	UNIT			5864		58	74			
					5896		59	72			
	Acid Volumes					Fracture Tre	atments				
There a	re no Acid Volume records	to display.		Th	ere are no	Fracture Treatn	nents records	s to display.			
Formation		Т	ор			/ere open hole l ate last log run:	-				
						/ere unusual dri xplanation:	lling circums	tances encoi	untered? No		
Other Remark	s										
UIC PERMIT N	IUMBER 2004070020. EXC	EPTION NU	JMBER	664138	3						

# FOR COMMISSION USE ONLY

Status: Accepted

1144307

Control         Control <t< th=""><th>API NO. 137-09149 OTC PROD. 404911933- UNIT NO. ORIGINAL</th><th>COMPLEASE TYPE OR</th><th></th><th></th><th></th><th></th><th>Oil &amp; Gas Post Oklahoma Cit</th><th>Conservat Office Box ty, Oklahom</th><th>na 73152-2000</th><th></th><th>RI</th><th>DCI</th><th>17</th><th>2019</th><th>Form 1002A Rev. 2009</th></t<>	API NO. 137-09149 OTC PROD. 404911933- UNIT NO. ORIGINAL	COMPLEASE TYPE OR					Oil & Gas Post Oklahoma Cit	Conservat Office Box ty, Oklahom	na 73152-2000		RI	DCI	17	2019	Form 1002A Rev. 2009
Linear Res         Description Res				R INJECTION	_						OKLA	HOMA	00	. Jak	M
Description         Processes						SPUD	DATE	1-7-	1953	_		GAR	rés	Stat	, e secondario de la composición de la
	SERVICE WELL	•		HORIZONTAL HOLE				2-17-	1953						
Example         NORTH DOYLP PENN UNIT         VIII.         VIII			TWF		,	DATE	OF WELL								
Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	LEASE NORTH			14/511		-									
Description         Trive         CALL	INAME			NO.					V	N					E
Data T. 100         Construction         Construction </td <td>ELEV/ATION</td> <td>1/4 SEC</td> <td></td> <td>1/4 320</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td>	ELEV/ATION	1/4 SEC		1/4 320				-						X	
MARE         PHOLENN FE I NOLONAP INC.         IDERATOR NO.         IDERATOR NO.         IDERATOR NO.         IDERATOR NO.           COMPRESS         33:000 STONEERINGED ER. SUITE 1201						(i	if known)								
CITY         MCKINNEY         STATE         TXT         P         75070         LOCATE WELL           COMPLETION TYPE         CASHS & CEMENT Alleub Trem 1980;         CASHS & CEMENT Alleub Trem 1980;         CASHS & CEMENT Alleub Trem 1980;         State Top Or Or Or         State Top Or Or Or Or         State Top Or Or Or Or         State Top Or Or Or Or Or         State Top Or Or Or Or Or Or         State Top Or Or Or Or Or         State Top O					OPE	RATOR	R NO.	194	199						
COMPLETION TYPE         CASHIGA CENENT (Attuch Form 1092C)         DOCUME NULL           X         BINGLIGUE         Imme         BINGLIGUE         SXX         TOP OF CMT           X         MITCH 2001         BINGLIGUE         SXX         TOP OF CMT         SXX         TOP OF CMT           BURGLIGUE         BURGLIGUE         BURGLIGUE         SXX         TOP OF CMT         SXX         TOP OF CMT           BURGLIGUE         BURGLIGUE         BURGLIGUE         SXX         TOP OF CMT         SXX         TOP OF CMT           BURGLIGUE         BURGLIGUE         BURGLIGUE         SXX         TOP OF CMT         TOP OF CMT         TOP OF CMT         SXX         TOP OF CMT         BURGLIGUE         SXX         TOP OF CMT         TOP OF CMT         TOP OF CMT         TOP OF CMT         BURGLIGUE         SXX         TOP OF CMT         <			IEE		UIT										
X         Investigned         Inv		McKINNEY						750	070		<u> </u>	LOCATE	WELL		
Image: Second								CRADE	FEET				<u>,  </u>	TOD OF ONT	
Bit Processor       Build Action Control	MULTIPLE ZONE						WEIGHT	GRADE	FEEI			5A	^	TOP OF CMI	
LCALING SCREPTION       INTERNEEDITE       Y       2,3#       J.55       6055'       500       4049'         PACKER 05       DEVENT       INTERNEEDITE       Y       2,3#       J.55       6055'       500       4049'         PACKER 05       DEVENT       INTERNEEDITE       Y       2,3#       J.55       6055'       500       4049'         PACKER 05       DEVENT       INTERNEEDITE       Y       2,9#       J.55       6055'       500       4049'         PACKER 05       DEVENT       NUS 05       Y       Y       2,9#       J.55       6055'       500       4049'         PACKER 05       DEVENT       NUS 05       Y <td>COMMINGLED</td> <td></td> <td></td> <td></td> <td>10</td> <td>3//"</td> <td>32#</td> <td></td> <td>124'</td> <td></td> <td></td> <td>17</td> <td>-</td> <td></td> <td>ancana</td>	COMMINGLED				10	3//"	32#		124'			17	-		ancana
INTERERUS       INCOLUTION       7"       2.9#       J55       6055'       500       4049'         DECERT NO.       INFR       INFR       INFR       INFR       INFR       INFR         PACKER 6       5031'       BRAND & TYPE       INUG 6       TYPE       INTRA       DEPTH       6037'         PACKER 6       BRAND & TYPE       INUG 6       TYPE       INUG 6       TYPE       DEPTH       6037'         COMPLETION & TEST DATA BY PRODUCING FORMATION       FORMATION       409 PVSD       FORMATION       INTRA       0.00 F       FORMATION       DEPTH       6037'         COMPLETION & TEST DATA BY PRODUCING FORMATION       150290 (UAL)       INTRA						-3/4	32#		424	-	1	1/3		CIRC fo	Surface
Lines         Lines <th< td=""><td>INCREASED DENSITY</td><td>N</td><td></td><td></td><td></td><td>7"</td><td>23#</td><td>155</td><td>6055'</td><td></td><td>-</td><td>500</td><td>+</td><td>4040'</td><td></td></th<>	INCREASED DENSITY	N				7"	23#	155	6055'		-	500	+	4040'	
PACKER © UOJ BKANG AT THE ARKUVELT PLUG © TYPE PLUG © TYPE DEPTH UOJ PACKER © UOJ BKANG AT THE ARKUVELT PLUG © TYPE DEVEL PLUG © TYPE DEVELON A TEST DATA BY PRODUCING FORMATION FORMATION 409 PVSD - Penn Sand ( SACKAR & SPOLING GREAT NAMEER LASS OL GREAT NAMEER LASS OL GREAT NAMEER LASS OL GREAT NAMEER SB96'-5872' THE SACKAR & SPOLING GREAT NAMEER SB96'-5872' THE SACKAR & SPOLING GREAT NAMEER COMPLETENT (ASS OL GREAT NAMEER FRACTURE TREATMENT (Min Gas Allowable (165:16-17-7) OR BPUTCHER TREATMENT (C100 TENDER TREATMENT (C100 TE	IORDER NO.						2,0#	000	0000	<u></u>			+	-0-0	
PACIER DEVINUE TREATURENT FUIG & THE	PACKER @ 5031' BRAN		Г 1		-	TYPE			TYPE		1			6037'	
COMPLETION & TEST DATA BY PRODUCING FORMATION  CORRECTION & 409 PVSD - Penn Sand  Pennota 850-DN0  CORRECTION 150290 (June )  Control Date Stock						-						DEPTH	L		
SPACING & SPACING     150290 (unit       ORDER NUMBER     INI       CASS: OL, Gan, Dy, Hi,     INI       Dep. Comm Dise, Sve     INI       CEASE: OL, Gan, Dy, Hi,     S9641-58741       PERFORATED     589641-58741       INTERVALS     58961-59721       INTERVALS     589641-58741       PERFORATED     58961-59721       INTERVALS     68961-59721       INTERVALS     Gas Purchaser/Measurer Prist Sake Date       INTAL TEST DATE     INITIAL TEST DATE       INTERVERTION     INITIAL TEST DATE       INTERVER	COMPLETION & TEST DATA	BY PRODUCING FORMAT	ION												
ORDER NUMBER       150290 (unit v)         LASS IOL (Gas Dy Inj.       INJ         Disp. Comm Disp. Svc       INJ         SB64-S874!       Indiana         PERFORATED       5896-5972!         INTERVALS       5896-5972!         ACID/VOLUME       Indiana         ACID/VOLUME       Indiana         INTERVALS       Sege-5972!         MID Gas Allowable       (165:10-17.7)         OR       Gas Purchaser/Mesurer         FRACTURE TREATMENT       Indiana         (FluidsProp Amounts)       Indiana         INTAL TEST DATE       Indiana         OIL GRAVITY (AP)       Gas Submetting (165:10-13.3)         NITAL TEST DATE       Indiana         INTAL TEST DATE       Indiana         OIL GRAVITY (AP)       Indiana         GAS-OIL PATO CULTIFUEL       Indiana         MATER ABLICAY       Indiana         OIL-GRAVITY (AP)       Indiana         GAS-OIL PATO CULTIFUEL       Indiana         NITAL TEST DATE       Indiana         INTAL TEST DATE       Indiana         INTAL TEST DATE       Indiana         Indiana       Indiana         INTAL TEST DATE       Indiana         INTAL TEST D	FORMATION	409 PVSD	-	Penn Sa	rn	d				1.00					
ORDER NUMBER     CATIN       Deb. Corm Day, Sve     INJ       Deb. Corm Day, Sve     INJ       SEE REMARKS)	SPACING & SPACING	150290 (	A '-	2						+					
Prep: Comm Disp. Svo       INJ       (SEE REMARKS)         PERFORATED       5864'-5874'		(J	115	/						+					
PERFORATED INTERVALS		INJ		(SEE REMAR	KS)										
NTERVALS       D990-597/2         ACID/VOLUME		5864'-5874'													
INTERVALS ACID/VOLUME ACID/VOLUME FRACTURE TREATMENT (FLIds/Prop Amounts) INTAL TEST DATA OIL Allowable (165:10-17-3) OR OIL ALLO (160	PERFORATED	5906' 5072'								+	1				
FRACTURE TREATMENT (Fluids/Prop Amounts)       Min Gas Allowable (185:10-17-7) OR OII Allowable (185:10-13-3)       Gas Purchaser/Measurer First Sales Date         INITAL TEST DATA       OII Allowable (185:10-13-3)       Gas Purchaser/Measurer First Sales Date         INITAL TEST DATA       OII Allowable (185:10-13-3)       Gas Purchaser/Measurer First Sales Date         INITAL TEST DATA       OII Allowable (185:10-13-3)       Initial Sales Date         INITAL TEST DATA       Initial Sales Date       Initial Sales Date         OIL-GRAVITY (API)       Initial Sales Date       Initial Sales Date         GAS-OL RATIO CU FT/BBL       Initial Sales Date       Initial Sales Date         WATER-BBL/DAY       Initial Sales Date       Initial Sales Date         PUMPING OR FLOWING       Initial Sales Date       Initial Sales Date         Initial Sales Date       Initial Sales Date       Initial Sales Date         Initial Sales Date       Initial Sales Date       Initial Sales Date         Initial Sales Date       Initial Sales Date       Initial Sales Date         Initial Sales Date       Initial Sales Date       Initial Sales Date         Initial Sales Date       Initial Sales Date       Initial Sales Date         Initial Sales Date       Initial Sales Date       Initial Sales Date       Initial Sales Date         Solowatine	INTERVALS	5090-5972													
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(Fluids/Prop Amounts)       Min Gas Allowable OR       (166:10-17-7) OR       Gas Purchaser/Measurer First Sales Date         INITIAL TEST DATA       Oil Allowable Oil Allowable (166:10-13-3)       First Sales Date         INITIAL TEST DATA       Oil Allowable (166:10-13-3)       First Sales Date         Oil-BBL/DAY       Image: Comparison of the comp								_		-					
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Min Gas Allowable       (165:10-17-7)       Gas Purchaser/Measurer         OR       OII Allowable       (165:10-17-7)       Gas Purchaser/Measurer         INITAL TEST DATA       OII Allowable       (165:10-13-3)         INITAL TEST DATE       OIL Janovable       (165:10-13-3)         INITAL TEST DATE       OIL-GRAVITY (API)       OIL-GRAVITY (API)         GAS-OLL RATIO CU FT/BBL       OIL-GRAVITY (API)       OIL-GRAVITY (API)         GAS-OLL RATIO CU FT/BBL       OIL-GRAVITY (API)       OIL-GRAVITY (API)         VATER-BBL/DAY       OIL-GRAVITY (API)       OIL-GRAVITY (API)         MINING OR FLOWING       OIL-GRAVITY (API)       OIL-GRAVITY (API)         VATER-BBL/DAY       OIL-GRAVITY (API)       OIL-GRAVITY (API)         NITTAL SHUT-IN PRESSURE       OIL-GRAVITY (API)       OIL-GRAVITY (API)         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 the file both of the report and am authorized by my organization to make the presender the of the formations drilled through, and pertinent remarks are presented on							/		•					And the second	
OR       First Sales Date         INITIAL TEST DATA       Oll Allowable       (165:10-13-3)         INITIAL TEST DATE       Initial TEST DATE       Initial TEST DATE         OIL-BBL/DAY       Initial TEST DATE       Initial TEST DATE         OIL-GRAVITY (API)       Initial TEST DATE       Initial TEST DATE         GAS-MCF/DAY       Initial TEST DATE       Initial TEST DATE         GAS-OLI RATIO CU FT/BBL       Initial TEST DATE       Initial TEST DATE         WATER-BBL/DAY       Initial Subscription       Initial TEST DATE         PUMPING OR FLOWING       Initial Shut-In PRESSURE       Initial Shut-In PRESSURE         CHOKE SIZE       Initial Test 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 the first first on the data and facts stated herein to be tax orms knowledge and belef.         CLINT FULLER       10/14/2019       469-452-6036         SIGNATURE       NAME (PRINT OR TYPE)       DATE       PHONE NUMBER         3900 STONEBRIDGED DR. SUITE 1201       McKINNEY       TX       75070       c.fuller@phoenixpetrocorp.com								-			<u></u>	T <sub>a</sub>			
OR       First Sales Date         INITIAL TEST DATA       Oll Allowable       (165:10-13-3)         INITIAL TEST DATE       Initial TEST DATE       Initial TEST DATE         OIL-BBL/DAY       Initial TEST DATE       Initial TEST DATE         OIL-GRAVITY (API)       Initial TEST DATE       Initial TEST DATE         GAS-MCF/DAY       Initial TEST DATE       Initial TEST DATE         GAS-OLI RATIO CU FT/BBL       Initial TEST DATE       Initial TEST DATE         WATER-BBL/DAY       Initial Subscription       Initial TEST DATE         PUMPING OR FLOWING       Initial Shut-In PRESSURE       Initial Shut-In PRESSURE         CHOKE SIZE       Initial Test 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 the first first on the data and facts stated herein to be tax orms knowledge and belef.         CLINT FULLER       10/14/2019       469-452-6036         SIGNATURE       NAME (PRINT OR TYPE)       DATE       PHONE NUMBER         3900 STONEBRIDGED DR. SUITE 1201       McKINNEY       TX       75070       c.fuller@phoenixpetrocorp.com															
INITIAL TEST DATA       Oil Allowable       (166:10-13-3)         INITIAL TEST DATE				vable (165:	10-17	'-7)				r				<u>s</u>	
OIL-BBL/DAY       Image: Control 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 maker this febort, whereas 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 to maker this febort, whereas prepared by me or under my supervision and direct 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 maker this febort, whereas 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       NAME (PRINT OR TYPE)       DATE       PHONE NUMBER         3900 STONEBRIDGET DR. SUITE 1201       McKINNEY       TX       75070       c.fuller@phoenixpetrocorp.com	INITIAL TEST DATA			(165:10-13-3)				11313	Juico Dale			118			
OIL-GRAVITY (API)	INITIAL TEST DATE														
GAS-MCF/DAY         GAS-OL RATIO CU FT/BBL         WATER-BBL/DAY         PUMPING OR FLOWING         INITIAL SHUT-IN PRESSURE         CHOKE SIZE         FLOW TUBING PRESSURE         A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, whierwas 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.         CLINT FULLER       10/14/2019       469-452-6036         SIGNATURE       NAME (PRINT OR TYPE)       DATE       PHONE NUMBER         3900 STONEBRIDGE DR. SUITE 1201       McKINNEY       TX       75070       c.fuller@phoenixpetrocorp.com	OIL-BBL/DAY		- 								10				
WATER-BBL/DAY       PUMPING OR FLOWING         PUMPING OR FLOWING       AS SUBMITED         INITIAL SHUT-IN PRESSURE       INITIAL SHUT-IN PRESSURE         CHOKE SIZE       INITIAL SHUT-IN PRESSURE         FLOW TUBING PRESSURE       INITIAL SHUT-IN 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 maker this report, whiler 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       CLINT FULLER         3900 STONEBRIDGE DR. SUITE 1201       MCKINNEY       TX         MCKINNEY       TX       75070         C.fuller@phoenixpetrocorp.com       Construction complete to the content is performed to t	OIL-GRAVITY ( API)														
WATER-BBL/DAY       PUMPING OR FLOWING         PUMPING OR FLOWING       AS SUBMITED         INITIAL SHUT-IN PRESSURE       INITIAL SHUT-IN PRESSURE         CHOKE SIZE       INITIAL SHUT-IN PRESSURE         FLOW TUBING PRESSURE       INITIAL SHUT-IN 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 maker this report, whiler 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       CLINT FULLER         3900 STONEBRIDGE DR. SUITE 1201       MCKINNEY       TX         MCKINNEY       TX       75070         C.fuller@phoenixpetrocorp.com       Complexed	GAS-MCF/DAY							ТП	IIIIIII						
WATER-BBL/DAY       PUMPING OR FLOWING         PUMPING OR FLOWING       AS SUBMITED         INITIAL SHUT-IN PRESSURE       INITIAL SHUT-IN PRESSURE         CHOKE SIZE       INITIAL SHUT-IN PRESSURE         FLOW TUBING PRESSURE       INITIAL SHUT-IN 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 maker this report, whiler 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       CLINT FULLER         3900 STONEBRIDGE DR. SUITE 1201       MCKINNEY       TX         MCKINNEY       TX       75070         C.fuller@phoenixpetrocorp.com       Complexed	GAS-OIL RATIO CU FT/BBL											ШГ	4		
INITIAL SHUT-IN PRESSURE       CHOKE SIZE         CHOKE SIZE       FLOW TUBING PRESSURE         A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.         SIGNATURE       CLINT FULLER         3900 STONEBRIDGE DR. SUITE 1201       McKINNEY         MCKINNEY       TX         TX       75070         C.fuller@phoenixpetrocorp.com	WATER-BBL/DAY						<b>IA</b> 5	5	IRM	177	TEF				
INITIAL SHUT-IN PRESSURE       CHOKE SIZE         CHOKE SIZE       FLOW TUBING PRESSURE         A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.         SIGNATURE       CLINT FULLER         3900 STONEBRIDGE DR. SUITE 1201       McKINNEY         TX       75070         c.fuller@phoenixpetrocorp.com	PUMPING OR FLOWING							-			ICL		<u>^</u>		
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.         SIGNATURE       CLINT FULLER       10/14/2019       469-452-6036         NAME (PRINT OR TYPE)       DATE       PHONE NUMBER         3900 STONEBRIDGE DR. SUITE 1201       McKINNEY       TX       75070       c.fuller@phoenixpetrocorp.com	INITIAL SHUT-IN PRESSURE							IIII			11111				
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It is made with report, while we be prevented by the of under my supervision and direction, with the data and facts stated herein to be frue, correct, and complete to the best of my knowledge and belief.         SIGNATURE       CLINT FULLER       10/14/2019       469-452-6036         SIGNATURE       NAME (PRINT OR TYPE)       DATE       PHONE NUMBER         3900 STONEBRIDGE DR. SUITE 1201       McKINNEY       TX       75070       c.fuller@phoenixpetrocorp.com	FLOW TUBING PRESSURE														
CLINT FULLER         10/14/2019         469-452-6036           SIGNATURE         NAME (PRINT OR TYPE)         DATE         PHONE NUMBER           3900 STONEBRIDGE DR. SUITE 1201         McKINNEY         TX         75070         c.fuller@phoenixpetrocorp.com	A record of the formations drille to make this report, which was f	d through, and pertinent rema prepared by me or under my s	rks a uperv	re presented on the re vision and direction, wi	everse th the	e. I deci data ar	lare that I have	e knowledg herein to l	e of the contents of be true, correct, and	this re comp	port and am lete to the b	authorize	d by my nowled	y organization lge and belief.	
3900 STONEBRIDGE DR. SUITE 1201 McKINNEY TX 75070 c.fuller@phoenixpetrocorp.com	PR				CL	INT F	ULLER	14	<u></u> 2.						
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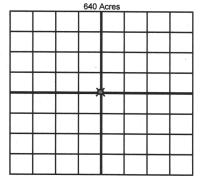
PLEASE TYPE OR USE BLACK FORMATION RECOF e formation names and tops, if available, or descriptions ed through. Show intervals cored or drillstem tested.	D	LEASE NAME WELL NO
MES OF FORMATIONS	ТОР	FOR COMMISSION USE ONLY
		ITD on file YES NO APPROVED DISAPPROVED 2) Reject Codes
		Were open hole logs run?yesno Date Last log was run
		Was CO2 encountered?         yesno         at what depths?           Was H2S encountered?         yesno         at what depths?
		Were unusual drilling circumstances encountered?yesno
UIC PERMIT # 470808000		8
20040	70020	
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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.



SEC	TWP	RGE		COUNTY	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
Spot Loca	ation 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Measured	I Total Depth		True Vertical De	pth	BHL From Lease, Unit, or Pro	perty Line:	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

SEC	TWP	RGE	cc	DUNTY			
Spot Loca	ation 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	d Total Depth		True Vertical Depth		BHL From Lease, Unit, or Pro	operty Line:	/
LATERAI	L #2			2			
SEC	TWP	RGE	co	DUNTY			
Spot Loca	ation 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	d Total Depth		True Vertical Depth		BHL From Lease, Unit, or Pro	operty Line:	
LATERAI	#2				L		
SEC	TWP	RGE	cc	DUNTY			
Spot Loca	ation 1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation	Total Depth		Radius of Turn		Direction	Total Length	- Contraction
			True Vertical Depth		BHL From Lease, Unit, or Pro		