

1. APT No.	105-29362 <i>B</i> ✓
2. OTC Prod. Unit No.	105-100439
3. Date of Application	7/9/2013

4. Application For (check one)

<input checked="" type="checkbox"/>	A. Commingle Completion in the Wellbore (165:10-3-39)
<input type="checkbox"/>	B. Commingle Completion at the Surface (165:10-3-39)
<input type="checkbox"/>	C. Multiple (Dual) Completion (165:10-3-36)
<input type="checkbox"/>	D. Downhole Multiple Choke Assembly (165:10-3-37)

5. Operator Name	CBM GAS COMPANY LLC	OTC/OCC No.	21569 ✓	Email	Cbm.gas1234@gmail.com
Address	P.O. BOX 579			Phone No.	918-534-1334
City	DEWEY	State	OK	Zip	74029
6. Lease Name/Well No.	D.TOPPING 5 ✓			FAX No.	918-534-1338
Location within section:	1/4 NE 1/4 NE 1/4 NE ✓ 1/4	Sec.	15	Twp	25N
				Rge	14E ✓
				County	NOWATA ✓

8. The following facts are submitted:	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
A. Name of common source of supply	OSWEGO ✓	PRUE ✓	
B. Top and bottom of pay section (perforations)	587 - 620 ✓	650 - 654 ✓	
C. Type of production (oil or gas)	OIL	OIL	
D. Method of production (flowing or art. lift)	ART.LIFT	ART.LIFT	
E. Latest test data by zone (oil, gas, and water)	.05-OIL, 0-GAS, -H2O ✓	COMBIND ZONE	
F. Wellhead or bottom hole pressure	25 LBS ✓	COMBIND ZONE	
G. Spacing order number and size of unit	UNSPACED	UNSPACED	✓
H. Increased density order number	NA	NA	✓
I. Location exception order number and penalty	NA	NA	✓

If 4A, 4B or 4D above, and size of the units under 8G above are not the same, have the different allocations been addressed? Yes No

9. List all operators with mailing addresses within 1/2 mile, producing from the above listed zones.

None ✓

Oklahoma Corporation Commission
Oil & Gas Division
Approved

10. The operators listed above have been notified and furnished a copy of this application. Yes No

If no, an affidavit of mailing must be filed not later than five (5) days after submission of this application.

11. Classification of well (see OAC 165:10-13-2) Oil Gas

12. ATTACH THE FOLLOWING:

A. Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated intervals marked. *log*

B. Diagrammatic sketch of the proposed completion of the well. ✓

C. Plat showing the location of all wells within 1/2 mile producing from the zones listed above. ✓

D. If 4B, 4C or 4D above, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test.

E. If 4A, 4B or 4D above, and size of the units under 8G above are not the same, have the different allocations been addressed? Yes No

RECEIVED
JUL 15 2013
OKLAHOMA CORPORATION COMMISSION

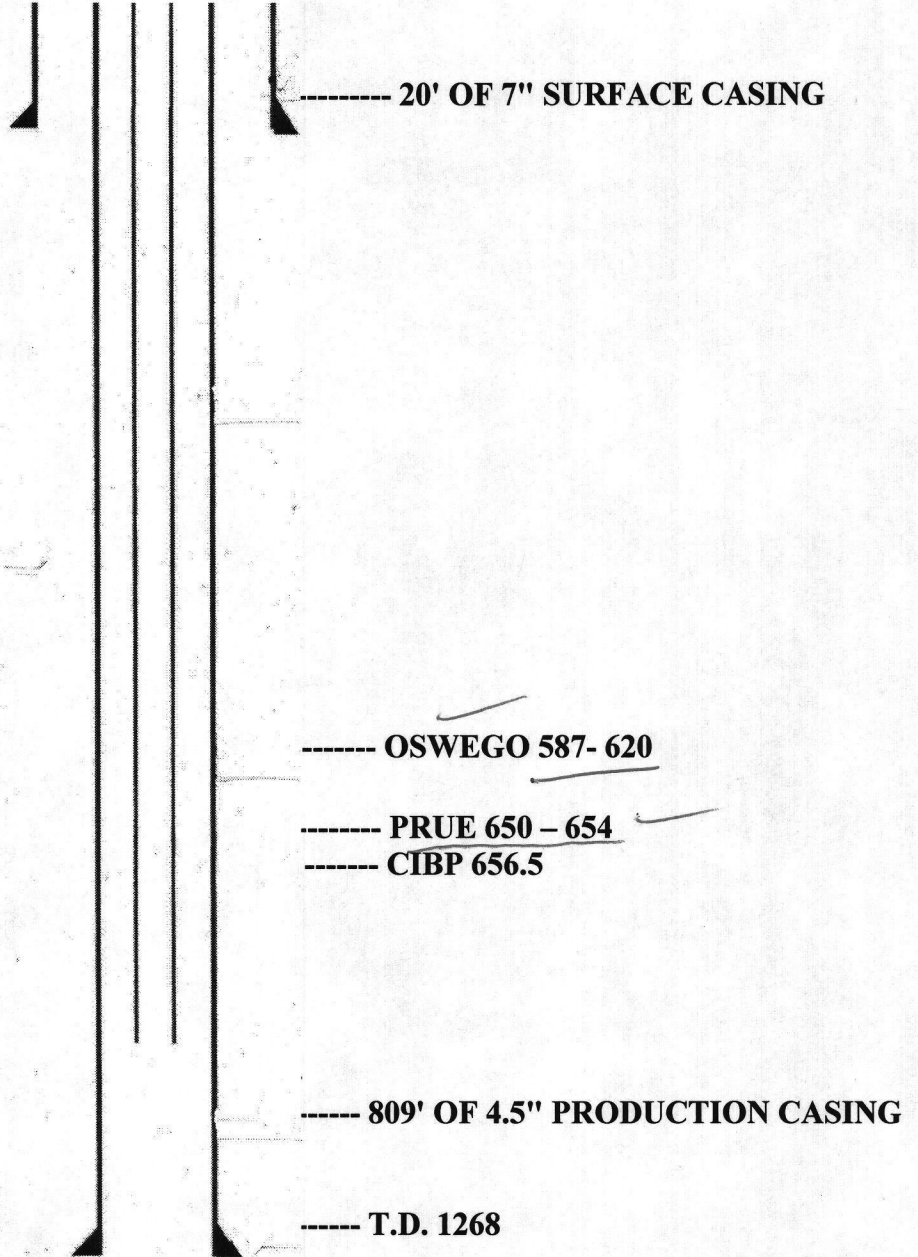
I hereby certify that I am authorized to submit this application which was prepared by me or under my supervision. The facts and proposals made herein are true correct and complete to the best of my knowledge and belief.

Robert D. Walker Signature ACCOUNTANT Title 918-534-1334 Phone (AC/NO)

OCC USE ONLY

Staff Signature _____ Phone No. _____ Date 7, 30, 13 Approved Rejected

WELL NUMBER: D. TOPPING 5 ✓
DATE: 07-09-2013
STATE: OKLAHOMA
COUNTY: NOWATA
LOCATION: NE NE NE S15 T25N R14E



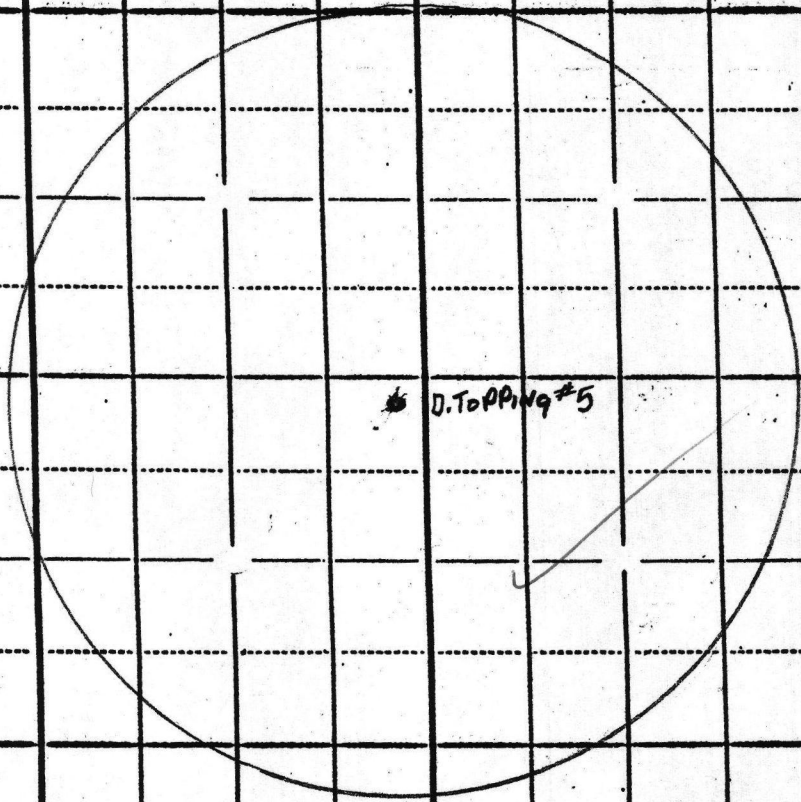
CBM GAS COMPANY LLC 21569

D. TOPPING #5 JENENE 15-25N 14E

Township 25N Range 14E County NOWATA State OKLAHOMA

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11



D. TOPPING #5

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KANSAS BLUE PRINT CO. INC.
100 West 12th Street, Topeka, Kansas 66604-0001

FORM 44