

1. APT No.	105-41053 ✓
2. OTC Prod. Unit No.	105-100439
3. Date of Application	7/9/2012

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 9 ✓			FAX No.	918-534-1338
Location within section:	S2 1/4 SE 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	Skinner ✓	Red Fork ✓	Bartlesville ✓
B. Top and bottom of pay section (perforations)	734-738 ✓	858-862 ✓	980-988 ✓
C. Type of production (oil or gas)	OIL	OIL	OIL
D. Method of production (flowing or art. lift)	ART.LIFT	ART.LIFT	ART.LIFT
E. Latest test data by zone (oil, gas, and water)	2-BBI, 0-GAS, 290- H2O	COMBIND ZONE	COMBIND ZONE
F. Wellhead or bottom hole pressure	190 LBS	COMBIND ZONE	COMBIND ZONE
G. Spacing order number and size of unit	UNSPACED	UNSPACED	UNSPACED
H. Increased density order number	N/A	N/A	N/A
I. Location exception order number and penalty	N/A	N/A	N/A

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 Oklahoma Corporation Commission

CEP Mid Continent	P.O. BOX 970	Oil & Gas Division SKIATOOK OK 74070
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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. **RECEIVED 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. ✓ **JUL 15 2013**

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

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 A. Walker
Signature

ACCOUNTANT Title

918-534-1334
Phone (AC/NO)

OCC USE ONLY

Staff Signature _____ Phone No. _____ Date 8,13,13 Approved Rejected

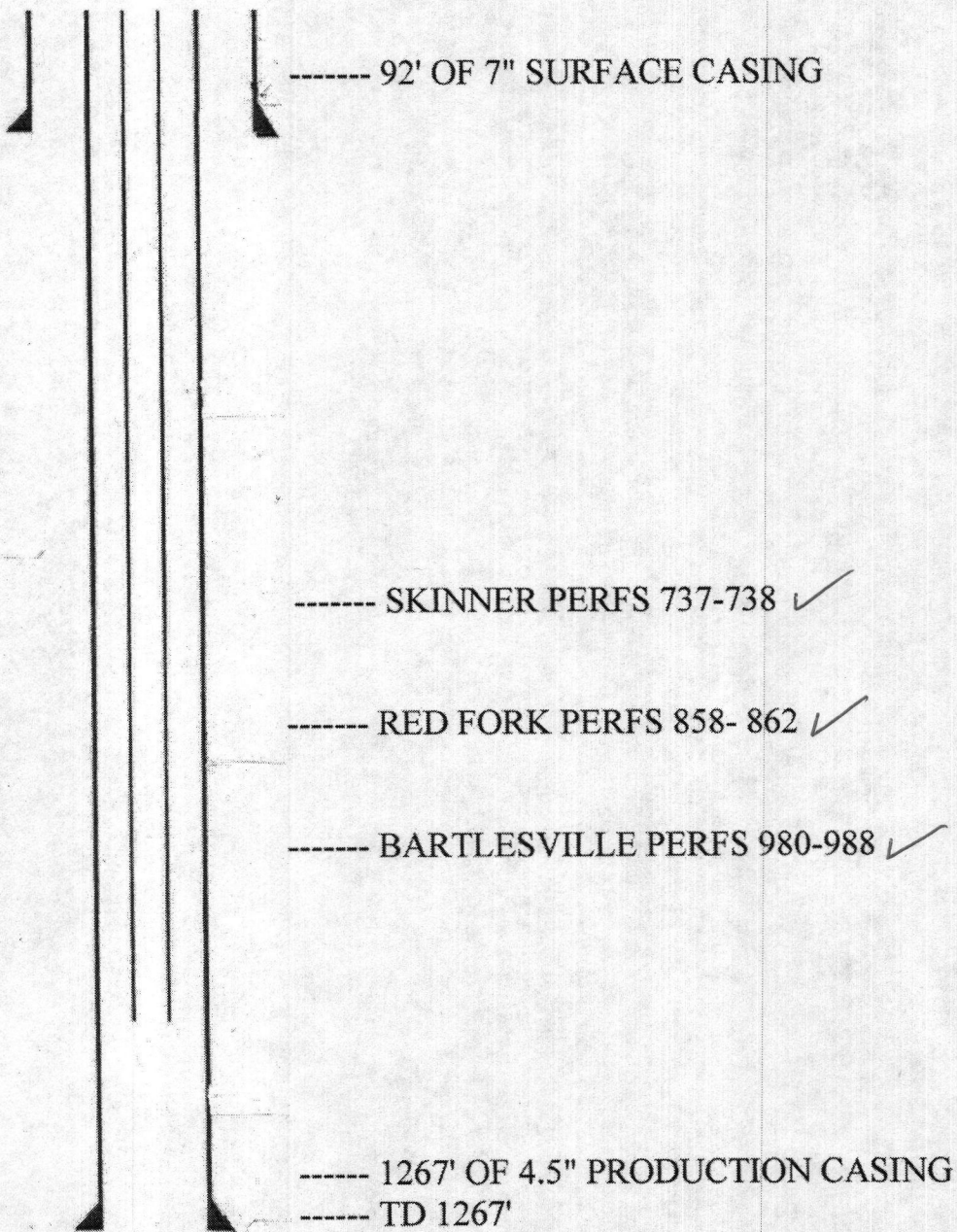
WELL NUMBER: D.TOPPING #9 ✓

DATE: 07/09/2013

STATE: OKLAHOMA

COUNTY: NOWATA

LOCATION: S2 SE NE NE SECTION 15 TOWNSHIP 25N RANGE 14E

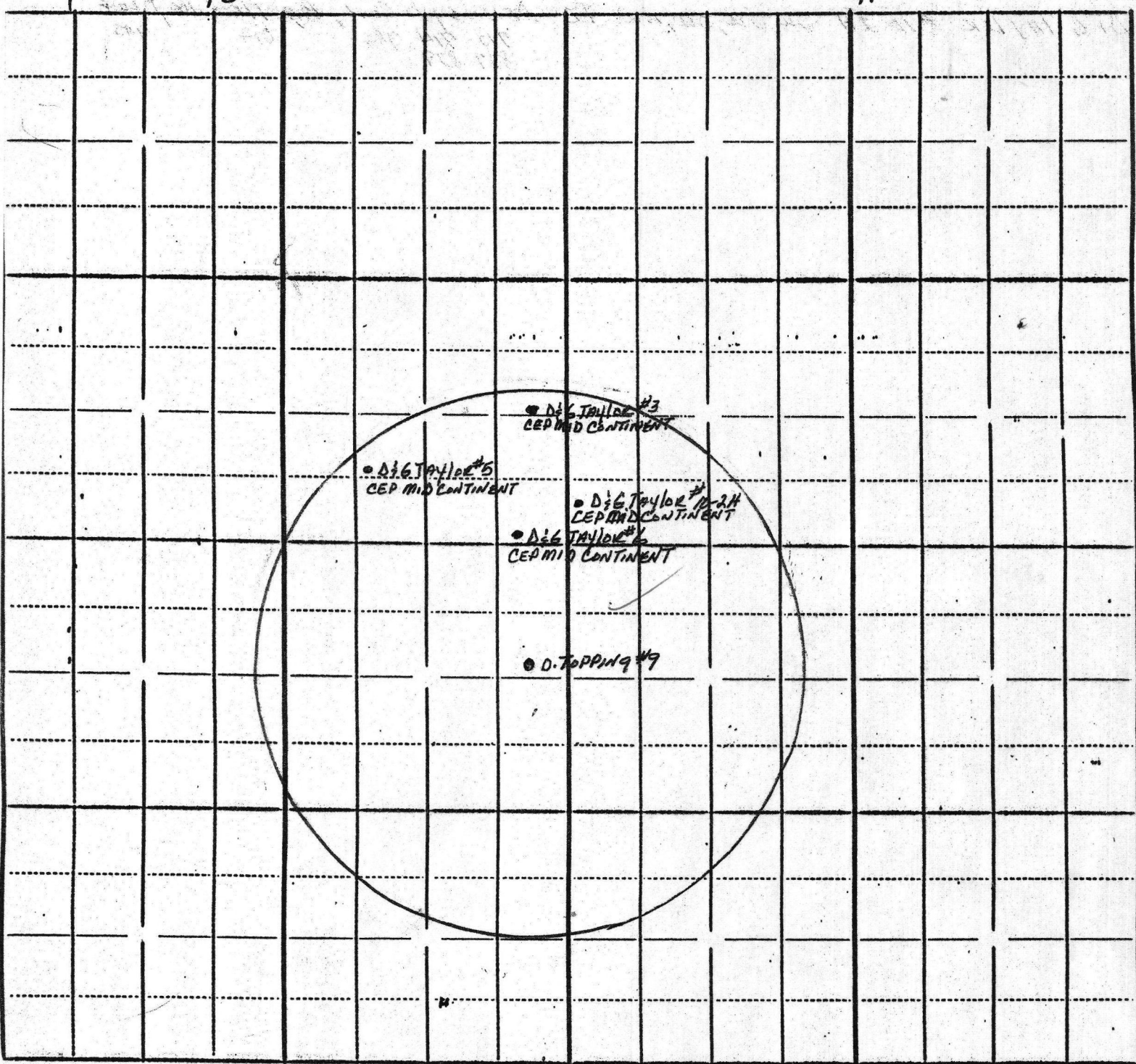


CBM GAS COMPANY LLC - 21569
D. TOPPING #9 32 3E NE NE

Township 25 N Range 14E County NOWATA State OKLAHOMA

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FORM 44