## Instructions on Back

OKLAHOMA CORPORATION COMMISSION

Form 1029A Rev. 2010

Category (Check One)

X Initial
Annual

Oil & Gas Conservation Division Post Office Box 52000-2000 Oklahoma City, Oklahoma 73152-2000

Annual Retest Recompl	etion					Pro		or Po 165:10-1	otential T 3-3	Γest					
Operator						Please types Producti			black ink.				Operator	2	3030 - 0
Address				·		Garrison							Number Phone		-783-4191
City Fort Smith State				AR Zip					72902 Fax		Number Fax	479-424-1190			
Oity	10	it Silliul			State		AR		Zip		12902		Number	4/8	-424-1180
	ed Oil Well (field ed Recovery Un			9			ocated per ontal Orde						ed per leas / Well Orde		
Well Name Annis # 1-30-3				1H Production Unit No.			on	083-2128100		API Number 083-2423		3-24234 A			
Surface Low within Section		sw	SE	sw	sw		Sec.	30	Twp.	18N	Rge.	3W	County		Logan
Bottom Loc within Sect		SW	NE	sw	sw		Sec.	31	Twp.	18N	Rge.	ЗW	County	Arrayan ya sa	Logan
Test													24 Hr. Proc	d.	Gravity
	Gas-C	Gas-Oil Ratio				Date		Time			Oil		149		
Present	Start		Start	03/09/14		8	8:00 AM		Gas	7	71000 cu. ft.				
Initial	476				End	03/10/1		8:00 AM			Water		<b>2</b> 607		
Pool Name and Numbe							*		Perfs			624	6 - 10660	)	
Producing formation(s							М	ississi	ppian						
Date of 1st Production  O3/08/14  Number of wells on lease (list on reverse)					1			Is production metered together?		E	yes X no		] no		
Oil Purchas	ser				JP I	Energy M	larketing	LLC					OTC Number		22565
Gas Measu	rer				F	PVR Cher	rokee G	as				AND THE PERSON OF THE PERSON OF THE PERSON	OTC Number		19953
Load oil	yes r	o amount	_			bbls									100
Spacing Order No.	618822	Size	•	640	Increas Order N	sed Density			•		Location Order N	Exception	on	619	457
Comminglin Order Num				•				fultiple :	Zone Comp	pletion	*				
Horizontal															
Unlt Acre Size	It Acre 640 True Vertical		5795'	5' Horizontal Component			10,666'			feet	Feet of Lateral		4860'		
(A) Pipe	Тар	(B) Orif	ice Te	ster		(C) Si	ze Tester								
Choke size	1862년 1200 - C.					Gas Meter Type			Size Run (A) Differential (A)						
Size Plate (					П	Coeff (B,C)	1,750			RF	res Tur	W.E	(Dg) (B,0	 D)	

(over)

APR 03 2014

OKLA. CORP. COMM PRODUCTION/PRORATION DEPT.

API NO.	WELL NAME and NUMBER	LOCATION	FORMATION	DATE OF 1st	24-HR PO					
1 7 9 5 7	WILL WAR AND	Section-Township-Range	NAME	PRODUCTION	OIL (BBLS)	GAS (MC				
			*							
A CONTRACTOR										
				A CAMPAGE	10 m					
					45.					
TAOU ADDITU	ONAL PAGE IF NECESSARY.									
TACH ADDITION	ONAL PAGE IF NECESSARY.		TOTAL 24-HR LEASE POTENTIAL							
owledge and b	ener.		lennifer (							
Henrill	r Chin		Jennifer Chen, regulatory analyst							
TO SECOND	reterie Deneseantethus				analyst					
gnature of Ope	rator's Representative	·	Name & Title (Typed or Print		analyst					
gnature of Ope	rator's Representative	<u> </u>			analyst					
gnature of Ope	rator's Representative	<u> </u>			analyst					
V			Name & Title ( <b>Typed or Print</b>	ed)	analyst					
•	poration Commission Representative			ed)	analyst					
•			Name & Title ( <b>Typed or Print</b>	ed)	analyst					
•			Name & Title ( <b>Typed or Print</b>	ed)	analyst					
gnature of Corp		<u> </u>	Name & Title ( <b>Typed or Print</b>	ed)	analyst					
gnature of Corp	poration Commission Representative	<u> </u>	Name & Title ( <b>Typed or Print</b> Name & Title ( <b>Typed or Print</b>	ed)	analyst					
gnature of Corp	poration Commission Representative	<u> </u>	Name & Title ( <b>Typed or Print</b> Name & Title ( <b>Typed or Print</b>	ed)	analyst					
gnature of Corp	poration Commission Representative	<u> </u>	Name & Title ( <b>Typed or Print</b> Name & Title ( <b>Typed or Print</b>	ed)	analyst					
gnature of Corp	COVERY TEST OFFSET OPERATOR		Name & Title ( <b>Typed or Print</b> Name & Title ( <b>Typed or Print</b> Company Name	ed)	analyst					
gnature of Corp	poration Commission Representative		Name & Title ( <b>Typed or Print</b> Name & Title ( <b>Typed or Print</b> Company Name	ed)	analyst					

- 3 Test shall be submitted within 30 days after completion. No allowable shall be assigned to the well until this form has been accepted by the division.
- 4 Effective date of test is the completion date; late-filed tests are effective the first day following the month the test is accepted by the division; no allowable shall be assigned to the well until the Form 1002A and logs have been accepted by the division.
- 5 Allowable shall be the rate indicated on the Allocated or Discovery Well Allowables Tables, whichever is appropriate, or by special field rules.
- 6 Discovery initial tests must be witnessed by a representative of any offset operator in the pool and a representative of the division, unless waived.
- 7 Operator chooses between a lease or well allowable if the formation is unspaced. A lease allowable is the shallowest 10-acre allowable from the allowable table for each well; a well allowable uses 10-acre spacing from the allowable table.
- 8 Falsification of reports is subject to penalty, O.S.L. 1933.