

Instructions on Back

OKLAHOMA CORPORATION COMMISSION

Form 1029A

Oil & Gas Conservation Division

Rev. 2010

Post Office Box 52000-2000

Oklahoma City, Oklahoma 73152-2000

Category (Check One)

- Initial
- Annual
- Retest
- Recompletion

Production or Potential Test

OAC 165:10-13-3

Please type or print using black ink.

Operator		Citation Oil & Gas Corp.		Operator Number	14156
Address		P.O. Box 690688		Phone Number	281-891-1555
City	Houston	State	TX	Zip	77269
				Fax Number	281-580-2168

Allocated Oil Well (field rules)
 Unallocated per well (spaced)
 Unallocated per lease (unspaced)
 Enhanced Recovery Unit Order No. _____
 Horizontal Order No. _____
 Discovery Well Order No. _____

Well Name & Number	Tatums Des Moines 126			Production Unit No.	API Number	35-019-26030			
Surface Location within	1215' FSL & 1075' FWL	Sec.	09	Twp.	2S	Rge.	2W	County	Carter
Bottom Location within Section		Sec.		Twp.		Rge.		County	

Test

	Gas-Oil Ratio	Date	Time	24 Hr. Prod.		Gravity
				Oil	Bbls	Gas
Present	N/A	Start	04/01/14	7:00 AM	6	20.7
Initial	N/A	End	04/02/14	7:00 AM	0	
					160	

Pool Name and Number	Des Moines	Perfs	1211'-1902'	
Producing formation(s)	Des Moines			
Date of 1st Production	04/02/14	Number of wells on lease (list on reverse)	30	
		Is production metered together?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Oil Purchaser	Enterprise Crude Oil		OTC Number	22275
Gas Measurer			OTC Number	

Load oil yes no amount _____ bbls

Spacing Order	59065	Size	Increased Density Order Number	Location Exception Order Number
Commingling Order Number			Multiple Zone Completion Order Number	

Horizontal

Unit Acre Size	True Vertical Depth	Horizontal Component	_____ feet	Feet of Lateral	_____
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- (A) Pipe Tap
 (B) Orifice Tester
 (C) Size Tester _____

Choke size	Tubing size	Casing size	Gas Meter Type	Size Run (A)	Differential (A)
Size Plate (A,C)	24-H. Coeff (B,C)		Pressure (lbs. H ₂ O Hg) (B,C)		

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(over)

APR 11 2014

**OKLA. CORP. COMM
PRODUCTION/PORATION DEPT.**

TATUMS DES MOINES UNIT #126**API # 35-019-26030**

API #	Well Name	Well Type	Status
3501904105	BAER 1	O	PR
3501904115	BAER 5	O	PR
3501904116	BAER J 4A	O	PR
3501904068	MERRICK 2A	O	PR
3501913811	TATUM DES MOINES UNIT 1	O	TA
3501913812	TATUM DES MOINES UNIT 101	O	PR
3501913813	TATUM DES MOINES UNIT 102	O	PR
3501913814	TATUM DES MOINES UNIT 103	O	PR
3501913815	TATUM DES MOINES UNIT 105	O	PR
3501913802	TATUM DES MOINES UNIT 106	O	PR
3501908696	TATUM DES MOINES UNIT 107	I	AI
3501913816	TATUM DES MOINES UNIT 108	O	PR
3501913817	TATUM DES MOINES UNIT 109	O	SU
3501908695	TATUM DES MOINES UNIT 110	O	TA
3501913819	TATUM DES MOINES UNIT 112	I	AI
3501913820	TATUM DES MOINES UNIT 113	O	PR
3501913821	TATUM DES MOINES UNIT 114	O	PR
3501904060	TATUM DES MOINES UNIT 115	O	PR
3501925706	TATUM DES MOINES UNIT 116	O	PR
3501925711	TATUM DES MOINES UNIT 117	O	PR
3501913827	TATUM DES MOINES UNIT 301	O	PR
3501913828	TATUM DES MOINES UNIT 302	O	SR
3501913829	TATUM DES MOINES UNIT 305	O	PR
3501925846	TATUM DES MOINES UNIT 120	O	PR
3501925847	TATUM DES MOINES UNIT 121	O	PR
3501925865	TATUM DES MOINES UNIT 122	O	PR
3501926032	TATUMS DES MOINES UNIT 123	O	PR
3501926033	TATUMS DES MOINES UNIT 124	O	PR
3501926031	TATUMS DES MOINES UNIT 125	O	PR
3501926030	TATUMS DES MOINES UNIT 126	O	PR
Total			30

UNALLOCATED PER LEASE and ENHANCED RECOVERY UNIT well list:

API NO.	WELL NAME and NUMBER	LOCATION Section-Township-Range	FORMATION NAME	DATE OF 1st PRODUCTION	24-HR POTENTIAL	
					OIL (BBLs)	GAS (MCF)
	See Attached					
TOTAL 24-HR LEASE POTENTIAL					72.80	0

ATTACH ADDITIONAL PAGE IF NECESSARY.

I declare that I have knowledge of the contents of this report with the date and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.



Signature of Operator's Representative

Rena Schindewolf / Completion Analyst

Name & Title (Typed or Printed)

Signature of Corporation Commission Representative

Name & Title (Typed or Printed)

Signature of DISCOVERY TEST OFFSET OPERATOR

Company Name

INSTRUCTIONS

- 1 Use a separate form for each well unless testing an unallocated lease or EOR unit.
- 2 Testing time shall be not less than 6 hours or more than 24 hours.
- 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.