P. O. BOX 52000 OKLAHOMA CITY, OKLAHOMA 73152-2000

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(RULE NO. 165: 10-3-2)

INSTRUCTIONS (PLEASE FOLLOW)

PLEASE TYPE OR USE BLACK INK

1) This report must be completed in duplicate and mailed within fourteen (14)

at the above address.

2) State the exact date the

well was spudded.

days, after spudding, to the Corporation Commission

TC/OCC Operator Number: 21997-0

PI Number: 047-24396

)ATE: 08/25/2006

Date of Well Spud/Re-Entry: 9/2/06

Jame of

perator:

SUPERIOR OIL & GAS COMPANY OF

ddress:

14910 NW 36TH ST YUKON

73099

hone:

(405) 350-0404

WELL LOCATION

_ease Name:

WINDY VISTA

Well Number:

1-22

ocation:

22-24N-05W

CNE4 NE4

GARFIELD

Surface Casing Cement by (If Job Completed)

Vame:

Address:

lity:

Crescert State:

Zip Code: 13048

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.

EU AllEN

AGENT

PCN: C1170220L9

08/30/2006

