

API NO. 083-23870  
 OTC PROD. UNIT NO. 083-123823

PLEASE TYPE OR USE BLACK INK ONLY  
 NOTE: Attach copy of original 1002A if recompletion or reentry.

OKLAHOMA CORPORATION COMMISSION  
 Oil & Gas Conservation Division  
 Post Office Box 52000  
 Oklahoma City, Oklahoma 73152-2000  
 Rule 165-10-3-25

Form 1002A  
 Rev. 2007

1 OF 3

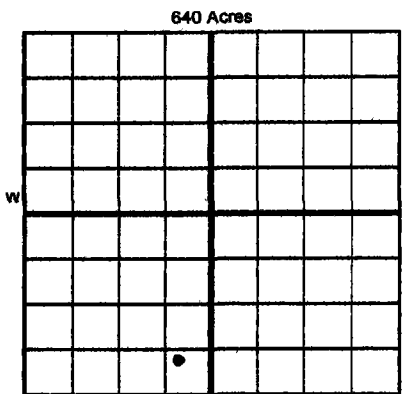
90706-2015

X ORIGINAL  
 \_\_\_ AMENDED  
 Reason Amended \_\_\_\_\_  
 TYPE OF DRILLING OPERATION  
 X STRAIGHT HOLE \_\_\_ DIRECTIONAL HOLE \_\_\_ HORIZONTAL HOLE  
 \_\_\_ SERVICE WELL

COMPLETION REPORT

If directional or horizontal, see reverse for bottom hole location.

COUNTY	Logan	SEC	14	TWP	18N	RGE	3W	SPUD DATE	1/24/2008
LEASE NAME	Gayla	WELL NO.	1-14	DRLG FINISHED				2/8/2008	
SHL 640 FEL	FSL		FEL OF 1/4 SEC		WELL COMPLETION				3/7/2008
NW 1/4 SE 1/4 SE 1/4 SW 1/4	600		640		1ST PROD DATE				5/1/2008
ELEVATION	Derrick Fl 1031		Ground 1017		RECOMP DATE				
OPERATOR NAME							OTC/OCC OPERATOR NO.		
Superior Oil and Gas Corporation							21997-0		
ADDRESS									
844 S Mulbaum									
CITY			STATE			ZIP			
Calumet			OK			73014			



COMPLETION TYPE

<input type="checkbox"/>	SINGLE ZONE
<input type="checkbox"/>	MULTIPLE ZONE
<input type="checkbox"/>	Application Date _____
<input type="checkbox"/>	COMINGLED
X	Application Date <u>Approved</u>
<input type="checkbox"/>	LOCATION EXCEPTION ORDER NO. <u>S71025</u>
<input type="checkbox"/>	INCREASED DENSITY ORDER NO. _____

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
Conductor	16"			45			Surface
Surface	8 5/8"	24#	K-55	415		250 sx	Surface
Intermediate							
Production	5 1/2"	15.5#/17#	J-55	7019		236	5200
Liner							
							7038

PACKER @ \_\_\_\_\_ BRAND & TYPE CIBP PLUG @ \_\_\_\_\_ 6875 TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_  
 PACKER @ \_\_\_\_\_ BRAND & TYPE CIBP PLUG @ \_\_\_\_\_ 6835 TYPE CIBP PLUG @ \_\_\_\_\_ 6611 TYPE \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_  
 PACKER @ \_\_\_\_\_ BRAND & TYPE CIBP PLUG @ \_\_\_\_\_ 6788 TYPE CIBP PLUG @ \_\_\_\_\_ 6450 TYPE \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_

COMPLETION & TEST DATA BY PRODUCING FORMATION

169 ARBCK      202 MCLS      202 VIOL

FORMATION	Arbuckle	Arbuckle	Arbuckle	Arbuckle	McLish	Viola
SPACING & SPACING ORDER NUMBER	NS	NS	NS	NS	NS	127161 (80)
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	dry (CIBP @ 6875)	dry (CIBP @ 6835)	dry (CIBP @ 6788)	dry (CIBP @ 6611)	dry (CIBP @ 6450)	oil
PERFORATED INTERVALS	6898-6906	6856-64 6841-43	6810-22, 6791-95	6756-64 6738-46 6722-28, 6681-86	6500-6504	6030-6040 6082-6116
ACID/VOLUME Fracture Treatment (Fluids/Prop Amounts)	1500 gal 7 1/2%	1500 gal 15%	1500 gal 7 1/2%	1500 gal 7 1/2%	500 gal 7 1/2 %	2500 gal 15% 6500 gal 50Q N2
	no	no	no	no	no	yes

Request minimum gas allowable (165-10-17-7) \_\_\_\_\_ Gas Purchaser/Measurer \_\_\_\_\_ 1st Sales Date \_\_\_\_\_

INITIAL TEST DATE	3/10/2008	3/12/2008	3/15/2008	3/17/2008	3/19/2008	3/28/2008
OIL-BBL/DAY	0	0	0	0	0	25
OIL-GRAVITY ( API)						
GAS-MCF/DAY	0	0	0	0	0	20
GAS-OIL RATIO CU FT/BBL						800
WATER-BBL/DAY	20	40	30	0	0	100
PUMPING OR FLOWING						
INITIAL SHUT-IN PRESSURE	0	0	190	0	0	220
CHOKE SIZE						
FLOW TUBING PRESSURE						

A record of the formations drilled through, and pertinent remarks are presented on the reverse. 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.

SIGNATURE Ted Allen III NAME (PRINT OR TYPE) \_\_\_\_\_ DATE 5/1/2009 PHONE NUMBER 405-202-8124  
 P.O. Box 5673 Edmond, Oklahoma 73083 ADDRESS CITY STATE ZIP EMAIL ADDRESS allented@att.net

APR NO. 083-23870  
 OTC PROD. UNIT NO. 083-123823

PLEASE TYPE OR USE BLACK INK ONLY  
 NOTE: Attach copy of original 1002A if recompletion or reentry.

OKLAHOMA CORPORATION COMMISSION  
 Oil & Gas Conservation Division  
 Post Office Box 52000  
 Oklahoma City, Oklahoma 73152-2000  
 Rule 165:10-3-25

Form 1002A  
 Rev. 2007

20F3

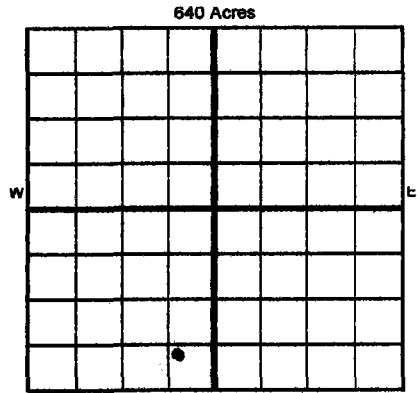
X ORIGINAL  
 \_\_\_ AMENDED  
 Reason Amended \_\_\_\_\_  
 TYPE OF DRILLING OPERATION  
 X STRAIGHT HOLE \_\_\_ DIRECTIONAL HOLE \_\_\_ HORIZONTAL HOLE  
 \_\_\_ SERVICE WELL

COMPLETION REPORT

If directional or horizontal, see reverse for bottom hole location.

COUNTY	Logan	SEC	14	TWP	18N	RGE	3W
LEASE NAME	Gayla		WELL NO.		1 - 14		
SHL	640 FEL	FSL	FEL OF 1/4 SEC				
ELEVATION	Derrick Ft 1031		Ground 1017		Latitude if Known		
OPERATOR NAME	Superior Oil and Gas Corporation				OTC/OCC OPERATOR NO.		
ADDRESS	844 S Mulbaum						
CITY	Calumet	STATE	OK	ZIP	73014		

SPUD DATE	1-24-08
DRLG FINISHED	2-8-08
WELL COMPLETION	3-7-08
1ST PROD DATE	5-1-08
RECOMP DATE	
Longitude if Known	



COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE
Application Date _____
<input type="checkbox"/> COMMINGLED
Application Date _____
LOCATION EXCEPTION ORDER NO. <u>571025</u>
INCREASED DENSITY ORDER NO. _____

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
Conductor	16"			45			Surface
Surface	8 5/8"	24#	K-55	415		250 sx	Surface
Intermediate							
Production	5 1/2"	15.5#/17#	J-55	7019		236	5200
Liner							
							7038

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ CIBP \_\_\_\_\_ PLUG @ \_\_\_\_\_ 6875 TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_  
 PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ CIBP \_\_\_\_\_ PLUG @ \_\_\_\_\_ 6835 TYPE CIBP \_\_\_\_\_ PLUG @ \_\_\_\_\_ 6511 TYPE \_\_\_\_\_  
 PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ CIBP \_\_\_\_\_ PLUG @ \_\_\_\_\_ 6788 TYPE CIBP \_\_\_\_\_ PLUG @ \_\_\_\_\_ 6450 TYPE \_\_\_\_\_

COMPLETION & TEST DATA BY PRODUCING FORMATION 351mslm 4040surg

FORMATION	Mississippi Lime	Oswego				
SPACING & SPACING ORDER NUMBER	68477-80					
CLASS: Oil, Gas, Dry, (Inj, Disp, Comm Disp, Svc)	Oil	Oil				
PERFORATED INTERVALS	5554-5850 100 holes	5200-20, 5262-70 5281-90, 5300-10, 5330-37				
ACID/VOLUME Fracture Treatment (Fluids/Prop Amounts)	4000 gal 15% 5000 BBls N2 assist	2500 gal 15% no				

Request minimum gas allowable (165:10-17-7) \_\_\_\_\_ Gas Purchaser/Measurer \_\_\_\_\_ 1st Sales Date \_\_\_\_\_

INITIAL TEST DATA

INITIAL TEST DATE	4/4/2008	4/16/2008			
OIL-BBL/DAY	22 Bbls	22			
OIL-GRAVITY ( API)	43	43			
GAS-MCF/DAY	55 MCF	55			
GAS-OIL RATIO CU FT/BBL	2500	2500			
WATER-BBL/DAY	45	45			
PUMPING OR FLOWING	Pumping	PUMPING			
INITIAL SHUT-IN PRESSURE	1680 psi	1680 psi			
CHOKE SIZE					
FLOW TUBING PRESSURE					

A record of the formations drilled through, and pertinent remarks are presented on the reverse. 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.

SIGNATURE \_\_\_\_\_ NAME (PRINT OR TYPE) \_\_\_\_\_ DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PLEASE TYPE OR USE BLACK INK ONLY

3 OF 3

FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations LEASE NAME Gayla  
drilled through. Show intervals cored or drillstem tested.

WELL NO. #1-14

NAMES OF FORMATIONS	TOP
Arbuckle	6620
2nd Wilcox	6244
Viola	6012
Woodford shale	5850
Mississippi Lime	5511
Oswego	5200

FOR COMMISSION USE ONLY

ITD on file  YES  NO

APPROVED SPU DISAPPROVED \_\_\_\_\_

10-23-09 2) Reject Codes \_\_\_\_\_

Were open hole logs run?  yes  no

Date Last log was run 2/7/2008

Was CO<sub>2</sub> encountered?  yes  no at what depths? \_\_\_\_\_

Was H<sub>2</sub>S encountered?  yes  no at what depths? \_\_\_\_\_

Were unusual drilling circumstances encountered?  yes  no  
If yes, briefly explain. \_\_\_\_\_

Other remarks:

When the well was logged the total depth was 6917. After reviewing the logs it was decided that we needed to drill deeper and the final total depth was 7038

Well tested + completed in zones not on Form 1000; 1002A approved per instructions from Ron Dunkin 10-23-09 SPU

640 Acres


If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth. Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

640 Acres


BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY	Feet From 1/4 Sec Lines	
Spot Location	1/4	1/4	1/4	FSL	FWL
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:		

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY	Feet From 1/4 Sec Lines	
Spot Location	1/4	1/4	1/4	FSL	FWL
Depth of Deviation	Radius of Turn		Direction	Total Length	
Measured Total Depth	True Vertical Depth		End Pt Location From Lease, Unit or Property Line:		

LATERAL #2

SEC	TWP	RGE	COUNTY	Feet From 1/4 Sec Lines	
Spot Location	1/4	1/4	1/4	FSL	FWL
Depth of Deviation	Radius of Turn		Direction	Total Length	
Measured Total Depth	True Vertical Depth		End Pt Location From Lease, Unit or Property Line:		

LATERAL #3

SEC	TWP	RGE	COUNTY	Feet From 1/4 Sec Lines	
Spot Location	1/4	1/4	1/4	FSL	FWL
Depth of Deviation	Radius of Turn		Direction	Total Length	
Measured Total Depth	True Vertical Depth		End Pt Location From Lease, Unit or Property Line:		