

Instructions

- Please type or print using black ink.
- Form must be signed by former operator and new operator.
- Outline boundaries of lease and spot well being transferred.
- Attach 1002A for well.
- Questions should be directed to Well Records (405) 521-2275.

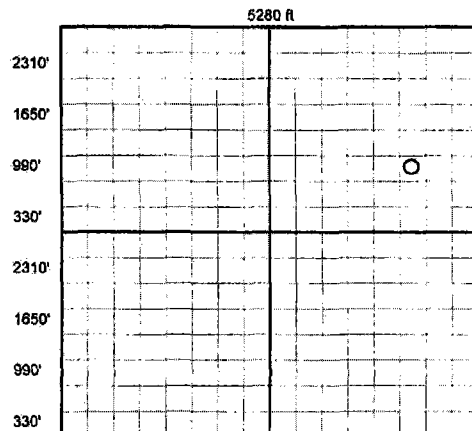
OKLAHOMA CORPORATION COMMISSION

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

Form 1073
Rev. 1996

Transfer of Operator
OAC 165:10-1-15

| | | | |
|--|--|---|--------------------|
| API No. 065-20229 | | OTC Prod. Unit No. 065-118219 | |
| Location SE 1/4 NW 1/4 SE 1/4 NE 1/4 | | Sec. 16 | Twp. 2S |
| Ft FSL of Qtr Sec 778' | | Ft FWL of Qtr Sec 1651 | Rge. 23W |
| County JACKSON | | | |
| Current Well Name/No. BREWER 1-16 | | | |
| Original Well Name/No. BREWER 1-16 | | | |
| Unit Name (if applicable) | | | |



Locate Well On Grid Above

Well Class: ☒ Oil ☐ Gas ☐ Dry ☐ Plugged

| | |
|--|---------|
| Producing formation(s) CHAPPELL | |
| Oil Transporter/Purchaser (NOT YET CONTRACTED) | OTC No. |
| Gas Measurer | OTC No. |

The effective date of transfer of this well for the purposes of Commission records, is the date the transfer is approved by the Commission.

CURRENT OPERATOR

| | | |
|---|----------------------------------|---------------------------|
| Name LATRICIA LOVELESS | | OCC No. 22423-0 |
| Address 610 MERCER | | |
| City QUANAH | State TEXAS | Zip 79252 |
| Phone No. (940) 663-8981 | FAX No. (940) 663-8981 | |
| I verify that I am the legal operator of record with authority to transfer operatorship of this well. | | |
| Signature <i>[Signature]</i> | | |
| Name & Title (Typed or Printed) LATRICIA LOVELESS | | |
| Signed and sworn to before me this <u>14th</u> day of <u>MARCH</u> , 2013 | | |
| Notary Public | | |
| My commission expires: | | |

NEW OPERATOR

| | | |
|--|----------------------------------|---------------------------|
| Name TILFORD PINSON EXPLORATION, LLC | | OCC No. 19944-0 |
| Address 841 S KELLY AVE, SUITE 130 | | |
| City EDMOND | State OKLAHOMA | Zip 73003 |
| Phone No. (405) 348-7201 | FAX No. (405) 340-3589 | |
| Being the new operator, as of the effective date and time of transfer accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property. | | |
| Signature <i>[Signature]</i> | | |
| Name & Title (Typed or Printed) MAXWELL J. TILFORD, MANAGING MEMBER | | |
| Signed and sworn to before me this <u>5th</u> day of <u>MARCH</u> , 2013 | | |
| Notary Public | | |
| My commission expires: | | |

I verify under oath that I have exercised due diligence in attempting to locate the current operator of record according to OCC records, who has abandoned the above well/lease and cannot be located to obtain signature. I have attached a copy of the certified recorded assignment of lease.

| | |
|---|-------------------------|
| Signature <i>[Signature]</i> | |
| Signed and sworn to before me this <u>14th</u> day of <u>MARCH</u> , 2013 | |
| My commission expires: <u>8-9-14</u> | |
| FOR OCC USE ONLY | |
| Surety Dept. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected | Date <u>MAR 28 2013</u> |
| WELL RECORDS APPROVED | |

NOTE: By processing this Form 1073, the Oklahoma Corporation Commission has approved the contents thereof as to form only. Oklahoma Corporation Commission does not warrant that the facts provided by the operator are true. Form is not approved until approved by Well Records.