

1. API No.: 35141204280000
 2. OTC Prod. Unit No.: 141206808
 3. Date of Application: December 03, 2012

4. Application For (check one)

A. Commingled Completion in the Wellbore (165:10-3-39)
 B. Commingled Completion at the Surface (165: 10-3-39)
 C. Multiple (Dual) Completion (165: 10-3-36)
 D. Downhole Multiple Choke Assembly (165: 10-3-37)

5. Operator Information

ATCHLEY RESOURCES INC OTC/OCC No. 20266

13903 QUAIL POINTE DR
 OKLAHOMA CITY, OK 73134-1002

Phone 4058483331
 Fax 4058483303

6. Lease Name/Well No. TAYLOR TRUST 1-25

7. Location within Sec. (1/4 1/4 1/4 1/4) C SW SW SW Sec. 25 Twp. 2S Rge. 18W County TILLMAN

8. The Following Facts are Submitted

Name of common source of supply	STRAWN	Top and bottom of pay section (perforations)	4326 - 4424
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	ART LIFT
Latest test data by zone (oil, gas, and water)	3.5 BO 140 BW	Wellhead or bottomhole pressure	0

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size

Name of common source of supply	UPPER STRAWN	Top and bottom of pay section (perforations)	3803 - 4141
Type of production (oil or gas)	Oil	Method of production (flowing or art. lift)	ART LIFT
Latest test data by zone (oil, gas, and water)	1 BO 100 BW	Wellhead or bottomhole pressure	

Spacing Order		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size

If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed? Yes No

9. List all the operators with mailing addresses within 1/2 mile, producing from the above listed zones.

10. The operators listed above have been notified and furnished a copy of this application. If no, an affidavit of mailing must be filed no later than five (5) days after submission of this application. Yes No

11. Classification of well (see OAC 165:10-13-2): Oil

12. Attach the Following:

A. Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated intervals marked.	
B. Diagrammatic sketch of the proposed completion of the well.	
C. Plat showing the location of all wells within 1/2 mile producing from the zones listed above.	
D. If 4B, 4C, or 4D above, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test.	
E. If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I hereby certify that I am authorized to submit this application which was prepared by me or under my supervision. The facts and proposals made herein are true, correct, and complete to the best of my knowledge and belief.

KIM LOCKWOOD
kim@atchleyres.com/wes@atchleyres.com

OPERATIONS MGR

405-848-3331

Signature

Title

Phone (AC/NO)

214

DRAFT ONLY