

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

Form 1002A

API No.: 35083243160000

Completion Report

Spud Date: August 20, 2014

OTC Prod. Unit No.:

Drilling Finished Date: September 05, 2014

1st Prod Date:

Completion Date: September 05, 2014

Drill Type: STRAIGHT HOLE

Well Name: BUDDY THE CAT 2-21

Purchaser/Measurer:

Location: LOGAN 21 19N 4W
NW SW SE NE
2015 FNL 1110 FEL of 1/4 SEC
Derrick Elevation: 1045 Ground Elevation: 1032

First Sales Date:

Operator: SLAWSON EXPLORATION CO INC 17313

204 N ROBINSON AVE STE 2300
OKLAHOMA CITY, OK 73102-6891

Completion Type	
<input type="checkbox"/>	Single Zone
<input type="checkbox"/>	Multiple Zone
<input type="checkbox"/>	Commingled

Location Exception	
Order No	
There are no Location Exception records to display.	

Increased Density	
Order No	
There are no Increased Density records to display.	

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	9.625	36	J-55	421		300	SURFACE

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
There are no Liner records to display.								

Total Depth: 6853

Packer	
Depth	Brand & Type
There are no Packer records to display.	

Plug	
Depth	Plug Type
There are no Plug records to display.	

Initial Test Data

Test Date	Formation	Oil BBL/Day	Oil-Gravity (API)	Gas MCF/Day	Gas-Oil Ratio Cu FT/BBL	Water BBL/Day	Pumpin or Flowing	Initial Shut-In Pressure	Choke Size	Flow Tubing Pressure
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There are no Initial Data records to display.

Completion and Test Data by Producing Formation

Formation Name: N/A

Code:

Class: DRY

Formation	Top
MISSISSIPPI	5745
WOODFORD	6135

Were open hole logs run? Yes

Date last log run: September 03, 2014

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

There are no Other Remarks.

FOR COMMISSION USE ONLY

1126080

Status: Accepted

083-24316

API NO. 083-24316
OTC PROD. UNIT NO.

PLEASE TYPE
NOTE:
Attach copy



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

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SEP 15 2014

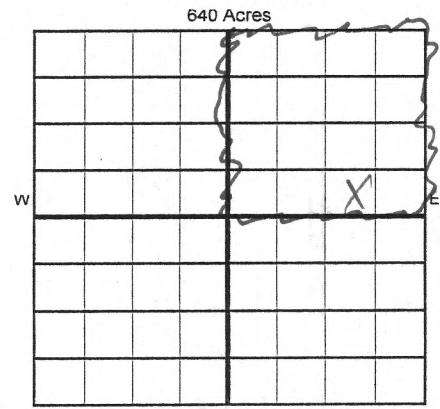
OKLAHOMA CORPORATION COMMISSION

X ORIGINAL
AMENDED Reason Amended

TYPE OF DRILLING OPERATION
STRAIGHT HOLE DIRECTIONAL HOLE X HORIZONTAL HOLE
SERVICE WELL

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

SPUD DATE 8/20/14
DRLG FINISHED 9/5/14
WELL COMPLETION 9/5/14
1ST PROD DATE
RECAMP DATE
COUNTY Logan SEC 21 TWP 19N RGE 4W
LEASE NAME Buddy the Cat WELL NO. 2-21
SHL NW 1/4 SW 1/4 SE 1/4 NE 1/4 205FNL/1110FRL
ELEVATION Derrick Fl 1045 Ground 1032
OPERATOR NAME Slawson Exploration Co., Inc. OTC/OCC OPERATOR NO. 17313
ADDRESS 204 N Robinson, Suite 2300
CITY Oklahoma City STATE OK ZIP 73102



COMPLETION TYPE
SINGLE ZONE
MULTIPLE ZONE Application Date
COMMINGLED Application Date
LOCATION EXCEPTION ORDER NO.
INCREASED DENSITY ORDER NO.

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP
Conductor							
Surface	9.625	36	J-55	421		300	SFC
Intermediate							
Production							
Liner							

PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ TYPE PLUG @ TYPE TOTAL DEPTH 6853

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION							
SPACING & SPACING ORDER NUMBER							
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Dry						
PERFORATED INTERVALS							
ACID/VOLUME Fracture Treatment (Fluids/Prop Amounts)							

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

INITIAL TEST DATA							
INITIAL TEST DATE							
OIL-BBL/DAY							
OIL-GRAVITY (API)							
GAS-MCF/DAY							
GAS-OIL RATIO CU FT/BBL							
WATER-BBL/DAY							
PUMPING OR FLOWING							
INITIAL SHUT-IN PRESSURE							
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 [Signature] NAME (PRINT OR TYPE) John O'Donohue DATE 9/12/14 (405)-232-0201 PHONE NUMBER
ADDRESS 204 N Robinson St 2300 OK CITY OK STATE ZIP 73102 EMAIL ADDRESS jodonohue@slawsoncompanies.com

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

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

LEASE NAME _____

WELL NO. _____

NAMES OF FORMATIONS	TOP
Mississippi	5745
Woodford	6135

FOR COMMISSION USE ONLY

ITD on file YES NO

APPROVED _____ DISAPPROVED _____

2) Reject Codes

Were open hole logs run? yes no

Date Last log was run 9/3/14

Was CO₂ encountered? yes no at what depths?

Was H₂S encountered? yes no at what depths?

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

Other remarks:

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	1/4	
Measured Total Depth	True Vertical Depth		BHL From Lease, Unit, or Property Line:		
				FSL	FWL

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	1/4	
Depth of Deviation	Radius of Turn		Direction	Total Length	
Measured Total Depth	True Vertical Depth		End Pt Location From Lease, Unit or Property Line:		
				FSL	FWL

LATERAL #2

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

LATERAL #3

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

083-24316

APINO: 083-24316
 OTC PROD. UNIT NO. _____

PLEASE TYPE
 NOTE:
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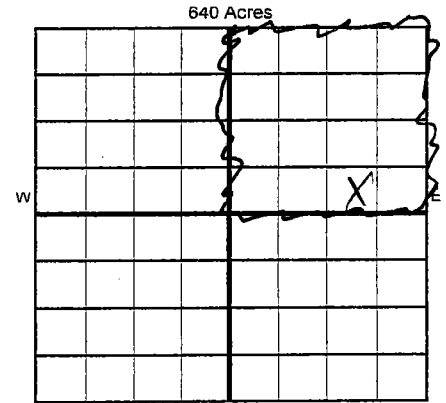
OKLAHOMA CORPORATION COMMISSION

COMPLETION REPORT

TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

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

COUNTY Logan SEC 21 TWP 19N RGE 4W
 LEASE NAME Puddy He Cat WELL NO. 2-21
 SHL NW 1/4 SW 1/4 SE 1/4 NE 1/4 NE 1/4 OF 1/4 SEC 21574UL/1110FL
 ELEVATION Derrick Fl 1045 Ground 1032
 OPERATOR NAME Slawson Exploration Co., Inc. OTC/OCC OPERATOR NO. 17313
 ADDRESS 204 N Robinson, Suite 2300
 CITY Oklahoma City STATE OK ZIP 73102



COMPLETION TYPE
 SINGLE ZONE
 MULTIPLE ZONE
 COMMINGLED
 LOCATION EXCEPTION ORDER NO.
 INCREASED DENSITY ORDER NO.

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP
Conductor							
Surface	9.625	36	J-55	421		300	SFC
Intermediate							
Production							
Liner							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____ TOTAL DEPTH 6853
 PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	SPACING & SPACING ORDER NUMBER	CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	PERFORATED INTERVALS	ACID/VOLUME Fracture Treatment (Fluids/Prop Amounts)
		Dry		

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

INITIAL TEST DATA

INITIAL TEST DATE	OIL-BBL/DAY	OIL-GRAVITY (API)	GAS-MCF/DAY	GAS-OIL RATIO CU FT/BBL	WATER-BBL/DAY	PUMPING OR FLOWING	INITIAL SHUT-IN PRESSURE	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: [Signature] NAME (PRINT OR TYPE) John O'Dowd DATE 9/12/14 (405)-222-0201 PHONE NUMBER
 ADDRESS 204 N Robinson St 2300 CITY OK STATE OK ZIP 73102 EMAIL ADDRESS jodowd@slawsoncompanies.com

