Oklahoma Corporation Commission Oil & Gas Conservation Division

	Post Office Box 52000
Oklahom	na City, Oklahoma 73152-200
	Rule 165: 10-3-25

1. API No.: 35109224170000
2. OTC Prod. Unit No.: Pending
3. Date of Application: October 30, 2014

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

MEADE ENERGY CO	RPORATION	OTC/OCC No. 15342
5605 N CLASSEN BL	VD	
OKLAHOMA CITY, OF	C 73118-4015	
Phone	4058431544	
Fax	4058488141	
Email	ccurtis@meade-energy.com	
6. Lease Name/Well N	No. MEADE 1-1	
7. Location within Se	c. (1/4 1/4 1/4 1/4) NE SW NE NE Sec. 2	Two 14N Rge 3W County OKLAHOMA

8. The Following Facts are Submitted

Name of common source	of supply	OSWEGO	Top and bottom of pay se	ction (perforations)	5944 - 5948
Type of production (oil or	gas)	Oil	Method of production (flowing or art. lift)		Pumping
Latest test data by zone (oil, gas, and water) Spacing Order		9/19/2014	Wellhead or bottomhole pressure		1500
		Increased Density		Location Exception	
Order Number	Unit Size	Order Number	Unit Size	Order Number	Unit Size
604040	1				
624212	40	\times			
Name of common source of Type of production (oil or	of supply	CHECKERBOARD	Top and bottom of pay see	,	0 - 0 Pumping
Name of common source	of supply	CHECKERBOARD 10/3/2014		wing or art. lift)	
Name of common source	of supply gas) bil, gas, and water)	10/3/2014	Method of production (flow	wing or art. lift)	Pumping 350
Name of common source of Type of production (oil or Latest test data by zone (o	of supply gas) bil, gas, and water)	10/3/2014	Method of production (flow Wellhead or bottomhole ped Density	wing or art. lift) ressure	Pumping 350

If 4A, 4B, or 4D above, and size of units under 8G above are not the same, have the different allocations been addressed?

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

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X No

Yes

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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.

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

12. Attach the Folowing:

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 X No

I herby 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.

Jim D. Hill Operations Manager (405) 843-1544

Signature Title Phone (AC/NO)

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