Oklahoma Corporation Commission Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000 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)

- <u>X</u> 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 CORPO	DRATION							C	TC/OCC N	lo. 15342
5605 N CLASSEN BLVD										
OKLAHOMA CITY, OK 731	118-4015									
Phone	4058431544									
Fax	4058488141									
Email	CCURTIS@MEA	DE-ENERGY.COM								
6. Lease Name/Well No.	MEADE 1-1									
7. Location within Sec. (1	/4 1/4 1/4 1/4)	NE SW NE NE	Sec.	2	Twp.	14N	Rge.	3W	County	OKLAHOMA

8. The Following Facts are Submitted

lame of common source	of supply	OSWEGO	Top and bottom of pay	section (perforations)	5944 - 5948	
Гуре of production (oil or	gas)	Oil	Method of production (f	Pumping 1500 on Exception		
atest test data by zone (oil, gas, and water)	15BO, 60MCF, 50 BW	Wellhead or bottomhole			
Spacing Order		Increase	ed Density			Location
Order Number Unit Size		Order Number	· Unit Size	Order Number	Unit Size	
524212	40		-			
524212 Name of common source Type of production (oil or	of supply	CHECKERBOARD Gas	Top and bottom of pay Method of production (f	. ,	5453 - 5479 Pumping	
Name of common source	of supply gas)			lowing or art. lift)		
Name of common source Fype of production (oil or	of supply gas) bil, gas, and water)	Gas 0 BO, 1 MCF, 76BW	Method of production (f	lowing or art. lift)	Pumping	
Name of common source Type of production (oil or Latest test data by zone (o	of supply gas) bil, gas, and water)	Gas 0 BO, 1 MCF, 76BW	Method of production (f Wellhead or bottomhole ed Density	lowing or art. lift)	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? Yes X No

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

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

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)