

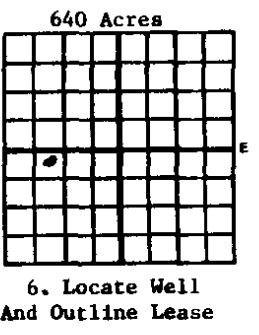
10. OTC/OGC Oper No.
13058
1. API Number
071-23237
2. OTC Prod. Unit No.
071-86328

This form is an Original Amended

919 (A) 70731 0001 WBMST FORM 1002-A Rev. (1985)

To be filed within 30 days after drilling is completed
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
Jim Thorpe Building / Oklahoma City, Oklahoma 73105-4993
PLEASE TYPE OR USE BLACK INK ONLY

3. County Kay Sect. 20 Twp 27N Range 1E
4. Lease Name Goodrich 5. Well No. 3
7. Well Located 1/4 NE 1/4 NW 1/4 SW
8. 2310 Ft From S.L. of 1/4 Sect. and _____ Ft. From W.L. of 1/4 Sect. W _____ E _____
9. Elevation: Derrick Floor 1036 Ground 1026
10. COMPANY OPERATING Lady Bug Oil Company
Address R.R.#1 Box 78
City Blackwell State OK Zip 74631
11. Drilling Started 5-21, 19 87 Drilling Finished 5-30, 19 87
12. Well Completed 6-17, 19 87 Date-First Prod. 6-18, 19 87



13. TYPE COMPLETION
Single Zone yes
Multiple Zone _____ Order No. _____
Commingled _____ Order No. _____
LOCATION EXCEPTION _____ Order No. _____ Penalty 14.
INCREASED DENSITY _____ Order No. _____

15. OIL OR GAS ZONES

Name	From	To	Name	From	To
Red Fork Sand	3670	3744			

16. CASING & CEMENT

Type	Surf. & Prod. Casing Set				Csg Test PSI	Cement		
	Size	Weight	Grade	Feet		Sax	Fillup	Top
Conductor								
Surface	8.625	24#	J-55	260'		175	cir. to top	
Intermediate								
Production	5.50	15.50#	J-55	4138'	4000	300	1097'	3041
Liner								

17. TOTAL DEPTH 4140'

18. PACKERS SET
Depth _____ Type _____

(Over)

19. COMPLETION & TEST DATA BY PRODUCING FORMATION

4041 ROEK2 3

FORMATION	Red Fork	
SPACING & SPACING ORDER NUMBER	NS	87002789
CLASSIFICATION (Oil, Gas, Dry, Inj. Well)	Oil	
PERFORATED INTERVALS	3672-3696	
	3705-3730	
	2 shots	
	per ft.	
ACID/VOLUME FRACTURE TREATED?	yes	
Fluids Amounts	350bbls oil	
INITIAL TEST DATA:	400.000 SCF Nit.	
Date	6-18-87	
Oil-bbl/day	20	
Oil-Gravity (°API)	39.5	
Gas-MCF/day	30,000	
Gas-Oil Ratio Cu. Ft/bbl	1500-1	
Water-bbl/day	100	
Pumping or Flowing	pumping	
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.

Keith Jeffries owner
Signature Title

R.R.#1 Box 78 Blackwell, Okla. 74631
Address City State Zip

June 22, 1987 1-405-363-2881
Date Phone

PLEASE TYPE OR USE BLACK INK ONLY

(RULE 3-205) FORMATION RECORD

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

87002789

24. NAMES OF FORMATIONS	TOP	BOTTOM	FOR COMMISSION USE ONLY
Cleveland Sand	3268	3313	<p style="text-align: center;">Well Completion Report Checklist</p> <p><u>APPROVED</u> <u>DISAPPROVED</u></p> <p>1) ITD Section a) No intent to drill on file (1) Send warning letter <input type="checkbox"/> (2) Recommend for contempt <input type="checkbox"/></p> <p>2) Authorized Surety a) No Surety filed _____ b) Expired Surety _____</p> <p>Financial Statement/Letter of Credit/Bond _____</p> <p>3) Spacing and Pooling _____</p> <p>4) Well Spudded prior to approval _____</p> <p>5) Inefficient surface casing required _____ sec</p> <p>6) No test data _____</p> <p>7) Change of location _____</p> <p>8) Well location "off pattern" Spacing Order No. _____ Size Unit/pattern _____ Formation(s) _____</p> <p>9) No record found _____</p> <p>10) Other: _____</p> <p>(Please specify appropriate number from initial rejection letter or other problem found)</p> <p>11) Status: _____</p>
Big Lime	3362	3410	
Oswego Lime	3420	3542	
Skinner Sand	3614	3622	
Red Fork Sand	3670	3744	
Miss. Chat	3783	3840	
Miss. Lime	3840	4080	
Wilcox Sand	4091	4140	
TOTAL DEPTH		4140	

Was an electrical survey run? X YES NO Date last log was run _____

Was CO₂ encountered? X YES NO If so, at what depth(s) _____

Was H₂S encountered? X YES NO If so, at what depth(s) _____

25. Direct. Survey: True Vertical Depth: _____ 26. Horizontal Projections: _____ (N/S) _____ (E/W)

27. Were unusual drilling circumstances encountered? Yes _____ No X If yes, briefly explain: _____

RECEIVED

JUN 29 1987

OKLAHOMA CORPORATION
COMMISSION

Other Remarks _____