

WELL NAME: FRANKLIN 4 – 7 # 3

COUNTY: GREENE

FIELD: N. SANDHILL

SECTION. 4 TWN. 4 N RANGE. 8 W

LAT. 31.34104 LONG. -88.79576

API # 23-041-20088

BASE OF USDW:

MISSISSIPPI STATE OIL AND GAS BOARD

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

☒ APPLICATION TO DRILL *Re-entry*

☐ FORM No. 2
WORKOVER

☐ CHANGE OF OPERATOR *208990*

NAME OF COMPANY OR OPERATOR <i>THOMAS A. BLANTON</i>				DATE <i>2-17-15</i>	
ADDRESS <i>1102 BERRY BRIARLANE, HATTIESBURG, MISSISSIPPI</i>				STATE ZIP <i>39401</i>	
NAME OF WELL <i>FRANKLIN 4-7</i>				ELEVATION (GROUND) <i>233'</i>	
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) <i>1670' WEST & 32W' NORTH OF SE CORNER</i>				CHECK TYPE OF PROPOSED WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS OTHER (NAME)	
SECTION <i>4</i> TOWNSHIP <i>4N</i> RANGE <i>8W</i>				SECTION - TOWNSHIP - RANGE <i>4 - 4N - 8W</i>	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) <i>NORTH SAND HILL FIELD</i>				APINo. (EXISTING WELL) <i>23-041-20087</i>	
CITY BANK				COUNTY <i>GREENE</i>	
PROPOSED DEPTH <i>8250</i> FEET	PROPOSED LENGTH OF SURFACE CASING <i>1750</i> FEET	NUMBER OF ACRES IN DRILLING UNIT <i>40</i> ACRES	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING UNIT LINE <i>750</i> FEET	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL <i>1020</i> FEET	
NAME OF DRILLING CONTRACTOR					
ADDRESS					
FOR CHANGE OF OPERATOR ONLY - SIG					
AUTHORIZED REPRESENTATIVE SIGNATURE					
NOTE: AREA FIELD INSPECTOR OR FIELD DIRECTOR (JACKSON OFFICE) OF DATES OF SPUDDING AND REACHING TOTAL DEPTH. Mississippi State Oil and Gas Board, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-364-7142					
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE) <i>RE-ENTER WELL. CLEAN OUT TO 6130 @ 6880' SUBSURFACE. PERFORATE 61946 - 61974 W/ 45HP W/ CASING GUN. RUN RODS & TUBING. MAKE PUMP ON BEAM. NEW RESERVOIR: CITY BANK</i>					
ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS. STATUTE 53-3-7)		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	IF YES, HAVE THE PERSONS OWNING THE DRILLING RIGHTS IN SAID TRACTS OR INTERESTS AND THE RIGHTS TO SHARE IN THE PRODUCTION THEREFROM AGREED TO DEVELOP THEIR LANDS AS A DRILLING UNIT AND TO THE DRILLING OF THE WELL? (REF. MS. STATUTE 53-3-7)	
EXECUTED THIS THE <i>17TH</i> DAY OF <i>FEBRUARY</i> , 20 <i>15</i>		SIGNATURE OF AFFIANT <i>Thomas A. Blanton</i>			
STATE OF <i>MISSISSIPPI</i>		COUNTY OF <i>FORREST</i>			
BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED <i>THOMAS A. BLANTON</i> KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE ABOVE INSTRUMENT, WHO BEING BY ME DULY SWORN ON OATH, STATES THAT HE IS DULY AUTHORIZED TO MAKE THE ABOVE REPORT AND THAT HE HAS KNOWLEDGE OF THE FACTS STATED THEREIN, AND THAT SAID REPORT IS TRUE AND CORRECT.					
SUBSCRIBED AND SWORN TO BEFORE ME THIS <i>17TH</i> DAY OF <i>FEBRUARY</i>		Signature <i>Ray C. Adams</i>			
SEAL		NOTARY PUBLIC IN AND FOR <i>FORREST</i> COUNTY <i>MISSISSIPPI</i>			
MY COMMISSION EXPIRES <i>1-2-16</i>					
PERMIT NUMBER <i>2015-OPD-377</i>					
APPROVAL DATE <i>2/19/2015</i>					
APPROVED BY <i>[Signature]</i>					

RECEIVED
FEB 17 2015
STATE OIL & GAS BOARD

MISSISSIPPI STATE OIL AND GAS BOARD		
FORM 2 (Rev. 5/10)		
STATE <i>23</i>	A.P.I. WELL NUMBER <i>041</i>	WELL <i>20087</i>

NOTICE: BEFORE SENDING THIS FORM, BE SURE THAT ALL INFORMATION REQUESTED IS GIVEN. SEE INSTRUCTIONS ON REVERSE SIDE OF FORM.

MISSISSIPPI STATE OIL & GAS BOARD
APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

☒ APPLICATION TO DRILL ☐ WORKOVER ☐ CHANGE OF OPERATOR

NAME OF COMPANY OR OPERATOR THOMAS A. BLANTON				DATE 2/19/2015 4:02:54 DM	
ADDRESS 1102 BERRY BRIAR LANE		CITY HATTIESBURG	STATE MS	ZIP 39401	TELEPHONE (601) 336-5119
NAME OF WELL FRANKLIN 4-7		WELL NO 3	ELEVATION (GROUND) 288		PROPOSED WELL TYPE OIL - Production
WELL LOCATION 1670' FEL & 1863' FNL		FNL/FSL FEL/FWL	SECTION TOWNSHIP RANGE 4 4 N 8 W LATITUDE LONGITUDE (NEW) 31.3412163 -88.7957985		
FIELD NAME Sand Hill N. RESERVOIR City Bank Oil Pool		API No. (EXISTING WELL) 23-041-20088 COUNTY GREENE		APPROX. DATE WORK BEGINS	
PROPOSED DEPTH (FT) 8250	PROPOSED LENGTH OF SURFACE CASING (FT) 1750	NO. ACRES IN DRILLING UNIT 40	DISTANCE FROM PROPOSED LOC. TO NEAREST DRILLING LINE (FT) 349		DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL (FT) 1020
NAME OF DRILLING CONTRACTOR					
ADDRESS CITY STATE ZIP					

For Change of Operator Only - Signature of Former Operator Required for Transfer of Well

AUTHORIZED REPRESENTATIVE SIGNATURE	NAME OF FORMER OPERATOR VENTURE OIL & GAS, INC.
-------------------------------------	--

NOTIFY AREA FIELD INSPECTOR OR FIELD DIRECTOR (JACKSON OFFICE) OF DATES OF SPUDDING AND REACHING TOTAL DEPTH.
Mississippi State Oil and Gas Board, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-354-7142

REMARKS	IF THIS IS A WORKOVER: PRESENT PRODUCING ZONE
	EXPECTED NEW PRODUCING ZONE

Executed this day _____ Affiant name _____
State _____ Notary Name _____
County _____ Commission Expires _____
PERMIT NUMBER 2015-OPD-0377
APPROVAL DATE

APPROVED BY
NOTICE:

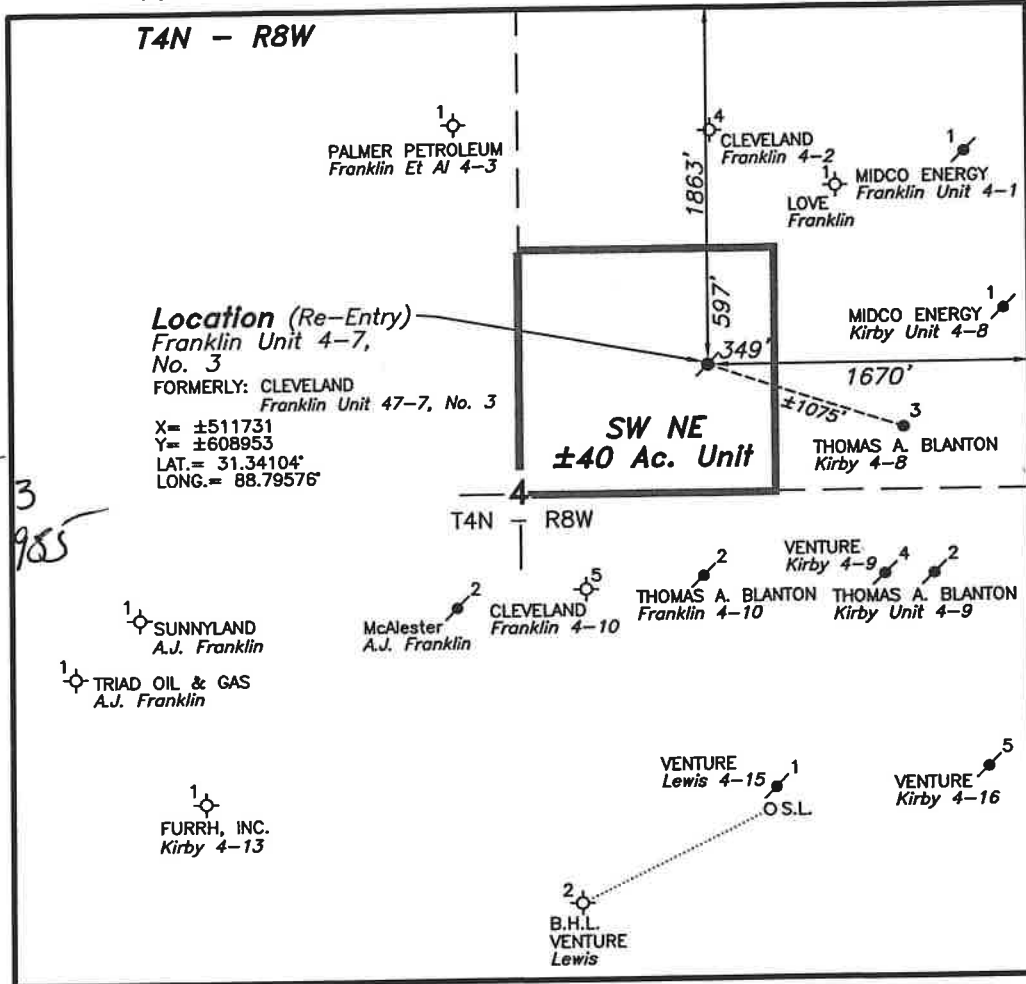
BEFORE SENDING THIS FORM, BE SURE THAT ALL
INFORMATION REQUESTED IS GIVEN.

MISSISSIPPI STATE OIL & GAS BOARD APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR FORM 2 (rev. 5/10) API WELL NUMBER 23-041-20088-0001
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T5N - R8W

T4N - R8W

NAD 83
31.3412163
-88.7957985



DRILLING UNIT _____

NOTE: Well Location Shown As Permitted
Plat Only.

NOTE: Coordinates Based On Transverse
Mercator-Mississippi East Zone NAD27.

WELL LOCATION

FOR

THOMAS A. BLANTON
FRANKLIN UNIT 4-7, NO. 3
SECTION 4, T4N - R8W
GREENE COUNTY, MISSISSIPPI

BY

ENGINEERING SERVICE - RICHLAND, MISSISSIPPI



FEBRUARY 19, 2015

15-J-0093 PO TAB4



BY

Pat A. Martin

RECEIVED
MAR 09 2015
STATE OIL & GAS BOARD

0109999

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☐ CHANGE OPERATOR ☒

NAME OF COMPANY OR OPERATOR

Venture Oil Company + Gas, Inc.

DATE

1/31/96

ADDRESS

1104 West 1st Street, Suite E

CITY

Laurel

STATE

Ms

ZIP

39440

TELEPHONE

(601) 428-7725

NAME OF WELL

Franklin 4-7

WELL NUMBER

#3

ELEVATION (GROUND)

233'

CHECK THE TYPE OF PROPOSED WELL

OIL ☒GAS ☐

OTHER (NAME) _____

WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES)

1670' West and 3200' North of Southeast Corner

SECTION 4 T. 4N R. 8W

FIELD & RESERVOIR (IF WILDCAT, SO STATE)

North Sandhill Upper Tuscaloosa

COUNTY

Greene

APPROXIMATE DATE WORK WILL START

PROPOSED DEPTH:

FEET

PROPOSED LENGTH OF
SURFACE CASING:

FEET

NUMBER OF ACRES
IN DRILLING UNIT

40

DISTANCE FROM PROPOSED LOCATION
TO NEAREST DRILLING UNIT LINE

FEET

DISTANCE FROM PROPOSED LOCATION TO NEAREST
DRILLING, COMPLETED OR APPLIED FOR WELL

FEET

NAME OF DRILLING CONTRACTOR

ADDRESS

CITY

STATE

FOR CHANGE OF OPERATOR ONLY
SIGNATURE OF FORMER OPERATOR REQUIRED
FOR TRANSFER OF WELLKeith V. Cleveland
AUTHORIZED REPRESENTATIVE SIGNATURECleveland Corporation
NAME OF FORMER OPERATORH₂S OPERATIONS (FOR STAFF USE ONLY)

FORM NO. 19: DATE REQUESTED _____

DATE RECEIVED _____

DATE APPROVED _____

CONTINGENCY PLAN: DATE RECEIVED _____

DATE APPROVED _____

NOTE: Notify area field inspector or field director (Jackson office) of dates of spudding and reaching total depth.

State Oil and Gas Board, P.O. Box 1332, Jackson, MS 39215-1332 601-359-3725

REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE)

RECEIVED
FEB 05 1996
STATE OIL & GAS BOARD☐ YES ☐ NO ARE THERE SEPARATELY OWNED TRACTS IN THE DRILLING UNIT FOR WHICH
THIS PERMIT IS SOUGHT?☐ YES ☐ NO IF SO, HAVE THE PERSONS OWNING THE DRILLING RIGHTS IN SAID TRACTS AND
THE RIGHTS TO SHARE IN THE PRODUCTION THEREFROM AGREED TO
DEVELOP THEIR LANDS AS A DRILLING UNIT AND TO THE DRILLING OF THE
WELL?

EXECUTED THIS THE

DAY OF

31 January, 19 96

STATE OF

MS

COUNTY OF

Greene

SIGNATURE OF AFFIANT

Keith V. Cleveland

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED

BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE ABOVE INSTRUMENT, WHO BEING BY ME DULY SWORN ON OATH STATES, THAT HE IS DULY AUTHORIZED TO MAKE THE ABOVE REPORT AND
THAT HE HAS KNOWLEDGE OF THE FACTS STATED THEREIN, AND THAT SAID REPORT IS TRUE AND CORRECT.SUBSCRIBED AND SWORN TO BEFORE ME THIS 31 DAY OF January, 19 96

SEAL

MY COMMISSION EXPIRES: April 1, 1999
BONDED THRU HEIDEN-MARCHETTI, INC.

NOTARY PUBLIC IN AND FOR

COUNTY, MS

PERMIT NUMBER

96COP396

APPROVAL DATE:

2-9-96

APPROVED BY:

NOTICE: BEFORE SENDING IN THIS FORM BE SURE THAT YOU HAVE GIVEN ALL INFORMATION
REQUESTED

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

MISSISSIPPI STATE OIL AND GAS BOARD

FORM NO. 2 (REV. 10-86)

A. P. I. WELL NUMBER

STATE

23

COUNTY

041

WELL

20088

PLUGGING RECORD

Operator <u>CLEVELAND CORPORATION</u>		Address <u>10 ROBINWOOD PL JACKSON, MS</u>	
Name of Lease <u>FRANKLIN 4-7</u>	Well No. <u>3</u>	Field & Reservoir <u>NORTH SANDHILL - UPPER TUSCALOOSA</u>	
Location of Well <u>3200 NORTH AND 1670 WEST</u>		Sec-Twp-Rge or Block & Survey <u>4-4N-8W</u>	County <u>GREENE</u>
Application to drill this well was filed in name of <u>CLEVELAND CORPORATION</u>	Has this well ever produced oil or gas <u>OIL</u>	Character of well at completion (initial production) Oil (bbls/day) <u>165</u> Gas (MCF/day) <u>—</u> Dry? <u>—</u>	
Date plugged <u>5/23/95</u>	Total depth <u>6880'</u>	Amount well producing when plugged: Oil (bbls/day) <u>0</u> Gas (MCF/day) <u>—</u> Water (bbls/day) <u>—</u>	
Name of each formation containing oil or gas. Indicate which formation open to well-bore at time of plugging	Fluid content of each formation	Depth interval of each formation	Size, kind & depth of plugs used. Indicate zones squeeze cemented, giving amount cement.
<u>UPPER TUSCALOOSA</u>	<u>OIL</u>	<u>6937'-6941'</u> <u>6950'-6958'</u> <u>BOTH INTERVALS</u> <u>OPEN</u>	<u>5 1/2" - 6880'</u> <u>CIBP</u>

CASING RECORD

Size pipe	Put in well (ft.)	Pulled out (ft.)	Left in well (ft.)	Give depth and method of parting casing (shot, ripped etc)	Packers and shoes
<u>5 1/2"</u>	<u>7080'</u>	<u>NONE</u>	<u>7080'</u>		
<u>12 1/4"</u>	<u>1820'</u>	<u>NONE</u>	<u>1820'</u>	<u>N/A</u>	

as well filled with mud-laden fluid, according to regulations? YES

Indicate deepest formation containing fresh water. COCKFIELD

RECEIVED
JUN 21 1995
STATE OIL & GAS BOARD

NAMES AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE

Name	Address	Direction from this well
<u>NONE</u>		

In addition to other information required on this form, if this well was plugged back for use as a fresh water well, give all pertinent details of plugging operations to base of fresh water sand, perforated interval to fresh water sand, name and address of surface owner, and attach letter from surface owner authorizing completion of this well as a water well and agreeing to assume full liability for any subsequent plugging which might be required.

reverse side for additional detail
this form in duplicate with

executed this the 14 day of JUNE 19 95
at MS
in the presence of HAYES

Before me, the undersigned authority, on this day personally appeared KATH V. CLEVELAND known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly authorized to execute the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this 14 day of JUNE 19 95

L. Notary Public State of Mississippi At Large
My Commission Expires: February 2, 1999
BONDED THRU HEIDEN-MARCHETTI, INC.

Stephanie Powell
Notary Public in and for MS
County, MS

MISSISSIPPI STATE OIL AND GAS BOARD

Plugging Record
FORM 7 - IOCC P-15

Authorized by Order No. 118-58

Effective November 1, 1958

23-091-20088

MISSISSIPPI STATE OIL & GAS BOARD
WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

Form No. 3

DESIGNATE TYPE OF COMPLETION:

New Well ☒ Work-Over ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Different Reservoir ☐ Oil ☒ Gas ☐ Dry ☐

DESCRIPTION OF WELL AND LEASE

Operator **CLEVELAND CORPORATION** Address **P.O. BOX 12721; JACKSON, MS 39236-2721**

Lease Name **FRANKLIN 4-7** Well Number **#3** Field & Reservoir **NORTH SANDHILL-UPPER TUSCALOOSA**

Location **3200' NORTH AND 1670' WEST OF SE CORNER 4-TOWNSHIP 4 NORTH- RANGE 8 WEST** Sec.—TWP-Range or Block & Survey

County **GREENE** Permit number **006** Date Issued **7/2/85** Previous permit number **-** Date Issued **-**

Date spudded **7/6/85** Date total depth reached **7/23/85** Date completed, ready to produce **8/1/85** Elevation (DF, RKB, RT or Gr.) **244 feet** Elevation of casing hd. flange **233 feet**

Total depth **8250'** P.B.T.D. **7048'** Single, dual or triple completion? **SINGLE** If this is a dual or triple completion, furnish separate report for each completion.

Producing interval (s) for this completion **6,951-6,957'** Rotary or cable tools used (interval) **ROTARY** Drilling Contractor **PARCO**

Was this well directionally drilled? **NO** Was directional survey made? **-** Was copy of directional survey filed? **-** Date filed **-**

Type of electrical or other logs run (check logs filed with the commission) **DUAL INDUCTION LOG- GAMMA RAY BOND LOG** Date filed **BY DRESSER**

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size hole drilled	Size casing set	Weight (lb./ft.)	Depth set	Sacks cement	Amt. pulled
SURFACE	12 1/4"	8 5/8"	24#	1820'	645	
PRODUCTION	7 5/8"	5 1/2"	17#	7080'	300	

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8"	5000 ft.	5000 ft.	5 1/2 in.	ft.	ft.		

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Amt't. & kind of material used	Depth Interval
4	4" CASING	6,951-6,957'		

INITIAL PRODUCTION

Date of first production **7/31/85** Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) **Pumping 2" Downhole**

Date of test **7/31/85** Hrs. tested **24** Choke size **-** Oil prod. during test **150** bbls. Gas prod. during test **-** MCF Water prod. during test **0** bbls. Oil gravity **21** ° API (Corr)

Tubing pressure **-** Casing pressure **-** Cal'd rate of Production per 24 hrs. **150** bbls. Gas **-** MCF Water **-** bbls. Gas-oil ratio **Undetermined**

Disposition of gas (state whether vented, used for fuel or sold): **Vented** For Sour Gas or Oil Amount H₂S: Amount CO₂:

Executed this the **24** day of **September**, 19**85**
 State of **Mississippi**
 County of **Hinds**
 Signature of Affiant **Keith V. Cleveland**

Before me, the undersigned authority, on this day personally appeared **Keith V. Cleveland** known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this **24** day of **September**, 19**85**

SEAL **Aug 29, 1989** Notary Public in and for **Hinds** County, **MS**

Casing tests as required by Statewide Rules 11 and 12 must be made.