

WELL NAME: G G U 119

COUNTY: JEFFERSON DAVIS

FIELD: GWINVILLE

SECTION. 35 TWN. 9 N RANGE 19 W

LAT. 31.71037 LONG. -89.88349

API # 23-065-20029

BASE OF USDW: 3130'

20-000-00027

INDICATE TYPE OF COMPLETION										
NEW WELL	REENTRY	WORKOVER	DEEPEN	PLUG BACK	SAME RESERVOIR	DIFFERENT RESERVOIR	OIL	GAS	INJECTOR	DRY
		X								
DESCRIPTION OF WELL AND LEASE										
OPERATOR STRINGER'S OILFIELD SERVICE, INC.				ADDRESS P. O. BOX 471, COLUMBIA, MS 39429						
LEASE NAME GWINVILLE GAS UNIT #119				WELL NUMBER 1		FIELD & RESERVOIR GWINVILLE FIELD, WILCOX SWDW				
LOCATION 660' S OF N LINE 660' E OF W LINE				SEC. - TWN. - RGE, LAT AND LONG 35 9N 19W		API NO. 23-WO#1700		DIRECTIONAL, VERTICAL OR HORIZONTAL 12/7/1970		
COUNTY JEFFERSON DAVIS		PERMIT NUMBER C.O. 141-SWDW		DATE ISSUED 5/4/1987		PREVIOUS PERMIT NUMBER 283-WO#1700		DATE ISSUED 12/7/1970		
DATE SPUDDED		DATE TOTAL DEPTH REACHE		DATE OF THIS COMPLETION		ELEVATION (DF,RKB,RT or GR)		ELEVATION OF CASING HD. FLANGE		
TOTAL DEPTH 12,582		P.B.T.D 4950		SINGLE,DUAL OR TRIPLE COMPLETION?		IF THIS IS A DUAL OR TRIPLE COMPLETION, FURNISH SEPARATE REPORT FOR EACH COMPLETION.				
PERFORATIONS FOR THIS COMPLETION, FORMATION							DRILLING CONTRACTOR CHALLENGER			
WAS THIS WELL DIRECTIONALLY DRILLED?		WAS DIRECTIONAL SURVEY MADE?		WAS COPY OF DIRECTIONAL SURVEY FILED?			DATE FILED			
LIST ALL ELECTRICAL LOGS RUN FOR THIS COMPLETION, SERVICE COMPANY AND DATES FILED										
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	AMOUNT PULLED				
CONDUCTOR	20"	16"	65	60	TO SURFACE					
SURFACE	12"	10 3/4	40.5	1709	1920					
PRODUCTION	9"	7"	23.26-29	12,137	1100					
LINER RECORD										
TUBING RECORD		PACKER SET AT		SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		
SIZE 2 7/8 IN.	DEPTH SET 4599 FT.	4598.62		7 IN.	FT.	FT.		FT.		
PERFORATION RECORD THIS COMPLETION										
NUMBER PER FEET	SIZE & TYPE	DEPTH INTERVAL	SERVICE COMPANY	AMOUNT & KIND OF MATERIAL USED			DEPTH INTERVAL			
8	4" CGS	4740-4780								
LIST ALL OTHER PERFORATIONS RECORDS AND TEST RESULTS CONT ON BACK										
NUMBER PER FEET	SIZE & TYPE	DEPTH INTERVAL	SERVICE COMPANY	AMOUNT & KIND OF MATERIAL USED			DEPTH INTERVAL			
INITIAL PRODUCTION										
DATE OF FIRST PRODUCTION/INJECTION MPME 10-83		PRODUCING METHOD (Indicate if Flowing, Gas Lift or Pumping - If Pumping, Indicate Size & Type of Pump) SALT WATER DISPOSAL								
DATE OF TEST 3/25/2014	HOURS TESTED	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED DURING TEST		WATER PRODUCED DURING TEST		OIL GRAVITY		
TUBING PRESSURE		CASING PRESSURE	CALCULATED RATE OF PRODUCTION PER 24 HRS.		OIL	GAS	WATER	GAS - OIL RATIO		
					BBLs.	MCF		BBLs.		
DISPOSITION OF GAS (State Whether Vented, Used for Fuel or Solid)					SOUR GAS OR OIL		AMOUNT H.S.		AMOUNT CO.	

Before me, the undersigned authority, on this day personally appeared STORAGE ENCLOSURE
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

Signature of Affiant
HORACE ENGLISH

GAS OIL RATIO
 MISSISSIPPI
 STATE OF MISSISSIPPI
 ANDREWS
 NOTARY PUBLIC
 ID No. 10186
 Comm. Expires
 APR 23, 2016
 MARION COUNTY
 RECEIVED
 APR 15 2014
 COUNTY H.S. AMOUNT CO.

200448

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

☐ APPLICATION TO DRILL

☒ **FORM No. 2**
WORKOVER

☐ CHANGE OF OPERATOR

NAME OF COMPANY OR OPERATOR STRINGER'S OILFIELD SERVICE, INC.				DATE 4/1/2014	
ADDRESS P. O. BOX 407		CITY COLUMBIA	STATE MS	ZIP 39429	TELEPHONE 601-736-4498
NAME OF WELL GGU 119 SWDW		WELL NO. #1	ELEVATION (GROUND) 502'		CIRCLE TYPE OF PROPOSED WELL <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER (NAME) SWDW
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660'S OF N LINE 660' E OF W LINE		SECTION - TOWNSHIP - RANGE 35 9N 19W			
		LATITUDE - LONGITUDE (NEW WELLS) (dd.ddddd)			
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE		API No. (EXISTING WELL)		APPROX. DATE WORK BEGINS	
		COUNTY JEFFERSON DAVIS			
PROPOSED DEPTH 4950 FEET	PROPOSED LENGTH OF SURFACE CASING FEET	NUMBER OF ACRES IN RILLING UNIT ACRES	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING FEET	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL FEET	
NAME OF DRILLING CONTRACTOR CHALLENGER DEEPWELL SERVICE					
ADDRESS P. O. BOX 1002					
CITY COLUMBIA					
STATE MS					
ZIP 39429					
FOR CHANGE OF OPERATOR ONLY - SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF					
AUTHORIZED REPRESENTATIVE SIGNATURE			NAME OF FORMER OPERATOR		
Note: AREA FIELD INSPECTORE OR FIELD DIRECTOR(JACKSON OFFICE) OF DATES OF SPUDDING AND REACHING TOTAL DEPT. State Oil and Gas Board, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-576-4900					
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE)					
ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS. STATUTE 53-3-7)		YES	NO X	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)	
				YES	NO X

EXECUTED THIS THE 10th DAY OF April, 2014

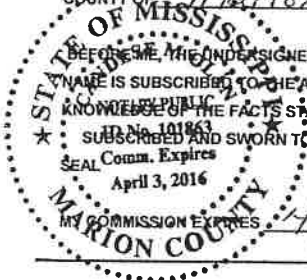
STATE OF MS
 COUNTY OF Marion

Horace English
 SIGNATURE OF AFFIANT

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED Horace English 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 10th DAY OF April, 2014

Signature Andrese M. Alon
 NOTARY PUBLIC IN AND FOR MS
 COUNTY MS



PERMIT NUMBER

APPROVAL DATE 4/15/2014

APPROVED BY [Signature]

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

RECEIVED
APR 15 2014
STATE OIL & GAS BOARD

MISSISSIPPI STATE OIL AND GAS BOARD FORM 2 (Rev. 4/01) A.P.I. WELL NUMBER		
STATE MS	COUNTY 065	WELL 20029

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

☐ APPLICATION TO DRILL

☒ FORM No. 2
WORKOVER

☐ CHANGE OF OPERATOR

NAME OF COMPANY OR OPERATOR Stringer's Oilfield Servie, Inc.				DATE 08/26/2013	
ADDRESS P. O. Box 407		CITY Columbia	STATE MS	ZIP 39429	TELEPHONE 601-736-4498
NAME OF WELL		WELL NO. #1	ELEVATION (GROUND) 502'		CIRCLE TYPE OF PROPOSED WELL OIL GAS OTHER (NAME) SWDW
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) GGU 119 SWDW		SECTION - TOWNSHIP - RANGE 35 9N 19W LATITUDE - LONGITUDE (NEW WELLS) (dd.ddddd)			
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE		API No. (EXISTING WELL) COUNTY JEFFERSON DAVIS			
PROPOSED DEPTH 4950 FEET	PROPOSED LENGTH OF SURFACE CASING FEET	NUMBER OF ACRES IN RILLING UNIT ACRES	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING FEET	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL FEET	
NAME OF DRILLING CONTRACTOR Challenger Deepwell Service					
ADDRESS P. O. Box 1002		CITY Columbia	STATE MS	ZIP 39429	
FOR CHANGE OF OPERATOR ONLY - SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF					
AUTHORIZED REPRESENTATIVE SIGNATURE			NAME OF FORMER OPERATOR		
Note: AREA FIELD INSPECTORE OR FIELD DIRECTOR(JACKSON OFFICE) OF DATES OF SPUDDING AND REACHING TOTAL DEPT. State Oil and Gas Board, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-576-4900					
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE) Packer repair					
ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS. STATUTE 53-3-7)		YES	NO X	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)	
				YES	NO X

EXECUTED THIS 26 DAY OF August, 2013

STATE OF MISSISSIPPI
COUNTY OF MARION

SIGNATURE OF AFFIANT
Roy Creel

KNOWN TO ME TO BE THE PERSON WHOSE

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED
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 26 DAY OF August, 2013

Signature

NOTARY PUBLIC IN AND FOR

COUNTY

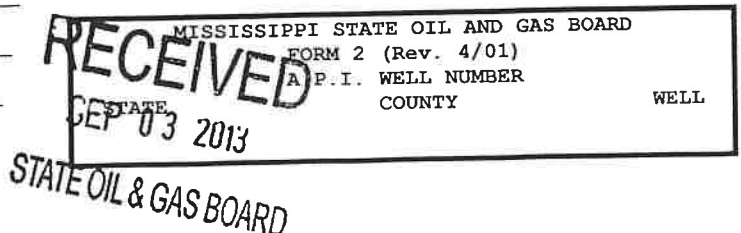
MY COMMISSION EXPIRES 4/3/2016

PERMIT NUMBER

APPROVAL DATE 9/9/2013

APPROVED BY

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



27646

CHANGE OF OPERATOR

FOR CHANGE OF OPERATOR ONLY - SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF

SIGNATURE OF AFFIANT John Stimp 20 10

KNOWLEDGE OF THE FACTS AND CIRCUMSTANCES RELATING TO THE MATTER.
SUBSCRIBED AND SWORN TO BEFORE ME THIS 28th DAY OF October, 2018
SEAL Signature Delronah A. Rutland
NOTARY PUBLIC IN AND FOR MS
COUNTY Marion
MY COMMISSION EXPIRES May 7, 2018
MARION COUNTY

MISSISSIPPI STATE OIL AND GAS BOARD
FORM 2 (Rev. 5/10)
A.P.I. WELL NUMBER
STATE COUNTY WELL

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 STRINGERS OIL FIELD SERVICES, INC.				DATE 11/1/2010 2:20:29 P	
ADDRESS P. O. BOX 323		CITY COLUMBIA	STATE MS	ZIP 39429-	TELEPHONE (601) 736-4498
NAME OF WELL GGU 119 SWDW #1		WELL NO #1	ELEVATION (GROUND)		PROPOSED WELL TYPE
WELL LOCATION		FNL/FSL	SECTION TOWNSHIP RANGE		
		FEL/FWL	LATITUDE LONGITUDE (NEW)		
FIELD NAME Gwinville			API No. (EXISTING WELL) 23-065-20029		APPROX. DATE WORK BEGINS
RESERVOIR			COUNTY JEFFERSON DAVIS		
PROPOSED DEPTH (FT)	PROPOSED LENGTH OF SURFACE CASING (FT)	NO. ACRES IN DRILLING UNIT	DISTANCE FROM PROPOSED LOC. TO NEAREST DRILLING LINE (FT)		DISTANCE FROM PROPOSED LOCATION TO NEAREST WELL (FT)
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 STRINGER MOVING & STORAGE
-------------------------------------	--

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 _____
State _____
County _____
PERMIT NUMBER 2011-COI-0009
APPROVAL DATE

2011-COI-0009

11/01/2010

APPROVED BY
NOTICE:

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

Affiant name _____
Notary Name _____
Commission Expires _____

MISSISSIPPI STATE OIL & GAS BOARD
APPLICATION FOR PERMIT TO DRILL,
WORKOVER OR CHANGE OPERATOR
FORM 2 (rev. 4/01)
API WELL NUMBER
23-065-20029

WELL COM

MISSISSIPPI STATE OIL & GAS BOARD
COMPLETION OR RECOMPLETION REPORT A

WELL LOG

NEW WELL		WORKOVER	DEEPEN	PLUG BACK	SAME RESERVOIR	DIFFERENT RESERVOIR	OIL	GAS	DRY
XX									
INDICATE TYPE OF COMPLETION									
DESCRIPTION OF WELL AND LEASE					ADDRESS				
OPERATOR STRINGER OILFIELD SERVICE, INC.					P. O. BOX 323 COLUMBIA, MS 39429				
LEASE NAME GWINVILLE GAS UNIT # 119					WELL NUMBER L		FIELD & RESERVOIR GWINVILLE FIELD, WILCOX SWD		
LOCATION 660' S. OF NL 7 660' E FO WL NEW					SEC. - TWN. - RGE. OR BLOCK & SURVEY 35 9N 19W				
COUNTY JEFFERSON DAVIS	PERMIT NUMBER C.O. 141 SWDW	DATE ISSUED 4 MAY 1987			PREVIOUS PERMIT NUMBER 283-WO# 1700		DATE ISSUED #46 12-7-70		
DATE SPUDDED	DATE TOTAL DEPTH REACHED	DATE COMPLETED, READY TO PRODUCE			ELEVATION (DF, RKB, RT or GR)		ELEVATION OF CASING HD. FLANGE		
TOTAL DEPTH 12582	P.B.T.D. 4950	SINGLE, DUAL OR TRIPLE COMPLETION?			IF THIS IS A DUAL OR TRIPLE COMPLETION, FURNISH SEPARATE REPORT FOR EACH COMPLETION.				
PRODUCING INTERVAL(S) FOR THIS COMPLETION					ROTARY OR CABLE TOOLS USED (Interval)		DRILLING CONTRACTOR CHALLENGER		
WAS THIS WELL DIRECTIONALLY DRILLED?		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)						DATE FILED			
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	AMOUNT PULLED			
CONDUCTOR	20"	16"	65	60	TO SURFACE				
SURFACE	12"	10 3/4"	40.5	1709	1920				
PRODUCTION	9"	7"	23.26-29	12,137	1100				
TUBING RECORD				LINER RECORD					
SIZE	DEPTH SET	PACKER SET AT	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		
2 7/8"	4643/24	4615	7" AD1 IN.	FT.	FT.		FT.		
PERFORATION RECORD				ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD					
NUMBER PER FOOT	SIZE & TYPE	DEPTH INTERVAL		AMOUNT & KIND OF MATERIAL USED			DEPTH INTERVAL		
8	4" CGS GUN	4740-4780							
INITIAL PRODUCTION									
DATE OF FIRST PRODUCTION		PRODUCING METHOD (Indicate if Flowing, Gas Lift or Pumping - If Pumping, Indicate Size & Type of Pump)							
MPME 10-83		SALT WATER DISPOSAL							
DATE OF TEST	HOURS TESTED	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED DURING TEST		WATER PRODUCED DURING TEST		OIL GRAVITY	
TUBING PRESSURE	CASING PRESSURE	CALCULATED RATE OF PRODUCTION PER 24 HRS.		OIL	GAS	WATER	GAS - OIL RATIO		
				BBLs.	MCF				
DISPOSITION OF GAS (State Whether Vented, Used for Fuel or Sold)				SOUR GAS OR OIL					
				AMOUNT H ₂ S:		AMOUNT CO ₂ :			

Executed this the 1 day of DECEMBER, 20 05State of MISSISSIPPICounty of MARION A

Before me, the undersigned authority, on this day personally appeared Peggie Stringer 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 1 day of DECEMBER, 20 05

SEAL

My commission expires 5-7-09Notary Public in and for MS

STATE OIL & GAS BOARD

MISSISSIPPI STATE OIL AND GAS BOARD
FORM NO. 3
A.P.I. WELL NUMBER
STATE COUNTY WELL

23 065 20029

CASING TESTS, REQUIRED BY STATEWIDE

MISSISSIPPI STATE OIL AND GAS BOARD

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

☐ APPLICATION TO DRILL
 ☒ FORM No. 2 WORKOVER
 ☐ CHANGE OF OPERATOR

NAME OF COMPANY OR OPERATOR STRINGER;S OILFIELD SERVICE, INC.				DATE 11/17/05	
ADDRESS 1320 HWY. 13, N P. O. BOX 323 COLUMBIA, MS				TELEPHONE 601-736-4498	
NAME OF WELL GWINVILLE GAS UNIT #119		WELL NO. #1 SEDW		ELEVATION (GROUND) 502"	
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE		SECTION - TOWNSHIP - RANGE 35 9N 19W		CIRCLE TYPE OF PROPOSED WELL OIL GAS OTHER (NAME) SWDW	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE N/A		LATITUDE - LONGITUDE (NEW WELLS) (dd.ddddd)			
APR No. (EXISTING WELL)		COUNTY JEFFERSON DAVIS		APPROX. DATE WORK BEGINS 11/20/05	
PROPOSED DEPTH 4662	PROPOSED LENGTH OF SURFACE CASING	NUMBER OF ACRES IN RILLING UNIT AC	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL	
NAME OF DRILLING CONTRACTOR CHALLENGER					
ADDRESS HWY. 98 COLUMBIA, MS					
NOTICE: PRIOR TO BEGINNING WORK NOTIFY OIL & GAS BD REPRESENTATIVE FOR CHANGE OF OPERATOR ONLY - SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL					
AUTHORIZED REPRESENTATIVE SIGNATURE			NAME OF FORMER OPERATOR PHONE: 1314 DRENNON 601-543-5177		
NOTE: NOTIFY AREA FIELD INSPECTOR OR FIELD DIRECTOR (JACKSON OFFICE) OF DATES OF SPUDDING AND REACHING TOTAL DEPTH. State Oil and Gas Board, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-354-7142					
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE) PULL TUBING TO CHECK FOR COMMUNICATIONS					
ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS. STATUTE 53-3-7)			YES	NO	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)
					YES NO

EXECUTED THIS THE 17 DAY OF NOVEMBER, 2005

STATE OF MISSISSIPPI
COUNTY OF MARION

SIGNATURE OF AFFIANT Peggie Stringer

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED Peggie Stringer 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 17th DAY OF November, 2005

SEAL Signature Deborah A. Rutland
NOTARY PUBLIC IN AND FOR MS
COUNTY marion

MY COMMISSION EXPIRES 5-7-09

PERMIT NUMBER _____

APPROVAL DATE 11/28/2005

APPROVED BY RVS

NOTICE: BEFORE SENDING THIS FORM, BE SURE THAT ALL INFORMATION

MISSISSIPPI STATE OIL AND GAS BOARD		
FORM 2 (Rev. 4/01)		
A.P.I. WELL NUMBER		
STATE 23	COUNTY 065	WELL 20029

MISSISSIPPI STATE OIL & GAS BOARD **WELL COMPLETION OR RECOMPLETION REPORT A. WELL LOG**

NEW WELL		WORKOVER	DEEPEEN	PLUG BACK	SAME RESERVOIR	DIFFERENT RESERVOIR	OIL	GAS	DRY
		XX							
INDICATE TYPE OF COMPLETION									
DESCRIPTION OF WELL AND LEASE									
OPERATOR STRINGER OILFIELD SERV. INC. <i>moving & storage</i>					ADDRESS P. O. BOX 323 COLUMBIA, MS 39429				
LEASE NAME GWINVILLE GAS UNIT #119					WELL NUMBER 1		FIELD & RESERVOIR GWINVILLE FIELD, WILCOX SWDW		
LOCATION 660' S. OF NL 7 660' E FO WL NE 1/4									
COUNTY JEFFERSON DAVIS		PERMIT NUMBER C.O. 141 SWDW		DATE ISSUED 4 MAY 1987		PREVIOUS PERMIT NUMBER 283-WO #1700		DATE ISSUED #46 12-7-70	
DATE SPUDDED		DATE TOTAL DEPTH REACHED		DATE COMPLETED, READY TO PRODUCE		ELEVATION (DF, RKB, RT or GR)		ELEVATION OF CASING HD. FLANGE	
TOTAL DEPTH 12582		P.B.T.D. 4950		SINGLE, DUAL OR TRIPLE COMPLETION?		IF THIS IS A DUAL OR TRIPLE COMPLETION, FURNISH SEPARATE REPORT FOR EACH COMPLETION.			
PRODUCING INTERVAL(S) FOR THIS COMPLETION					ROTARY OR CABLE TOOLS USED (Interval)		DRILLING CONTRACTOR TRIPLE "S" RIG 7		
WAS THIS WELL DIRECTIONALLY DRILLED?		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)					DATE FILED				
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	AMOUNT PULLED			
CONDUCTOR	20"	16"	65	60	TO SURFACE				
SURFACE	12"	10 3/4"	40.5	1709	1920				
PRODUCTION	9"	7"	23.26-29	12137	1100				
LINER RECORD									
SIZE	DEPTH SET	PACKER SET AT	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		
2 7/8"	4643.24'	4601'	7" AD1	FT.	FT.		FT.		
PERFORATION RECORD									
NUMBER PER FOOT	SIZE & TYPE	DEPTH INTERVAL		AMOUNT & KIND OF MATERIAL USED			DEPTH INTERVAL		
8	4" CSG GUN	4740 - 4780							
INITIAL PRODUCTION									
DATE OF FIRST PRODUCTION MPME 10-83		PRODUCING METHOD (Indicate if Flowing, Gas Lift or Pumping - If Pumping, Indicate Size & Type of Pump) SALT WATER DISPOSAL							
DATE OF TEST	HOURS TESTED	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED DURING TEST		WATER PRODUCED DURING TEST		OIL GRAVITY	
TUBING PRESSURE	CASING PRESSURE	CALCULATED RATE OF PRODUCTION PER 24 HRS.		OIL	GAS	WATER	GAS - OIL RATIO		
				BBLS.	MCF	BBLS.			
DISPOSITION OF GAS (State Whether Vented, Used for Fuel or Sold)				SOUR GAS OR OIL					
				AMOUNT H ₂ S: AMOUNT CO ₂ :					

Executed this the 17 day of NOVEMBER, 2003
 State of MISSISSIPPI
 County of MARION A
 Before me, the undersigned authority, on this day personally appeared PEGGIE A. STRINGER 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 17th day of November, 2003
 SEAL
 My commission expires 5-7-05

Peggie A. Stringer
 Signature of Affiant

Deborah A. Rutland
 Notary Public in and for MS

MISSISSIPPI STATE OIL AND GAS BOARD		
FORM NO. 3		
A.P.I. WELL NUMBER		
STATE	COUNTY	WELL
23	065	20029

MISSISSIPPI STATE OIL AND GAS BOARD

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

☐ APPLICATION TO DRILL
 ☒ FORM No. 2 WORKOVER
 ☐ CHANGE OF OPERATOR

NAME OF COMPANY OR OPERATOR <u>moving & storage</u>				DATE <u>11/10/03</u>	
ADDRESS <u>STRINGER OILFIELD SERV. INC</u>				TELEPHONE <u>601-736-4498</u>	
1320 HWY 13 N. P. O. BOX 323 COLUMBIA MS 39429					
NAME OF WELL <u>GWINVILLE GAS UNIT # 119</u>		WELL NO. <u>#1 SWDW</u>	ELEVATION (GROUND) <u>502'</u>		
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES)		SECTION - TOWNSHIP - RANGE			
<u>660' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE</u>		LATITUDE - LONGITUDE (NEW WELLS) (dd.ddddd) <u>35 9N 19W</u>			
FIELD & RESERVOIR (IF WILDCAT, SO STATE)		API No. (EXISTING WELL)		APPROX. DATE WORK BEGINS	
<u>GWINVILLE N/A</u>		<u>JEFFERSON DAVIS</u>		<u>10 NOV 03</u>	
PROPOSED DEPTH <u>4662</u>	PROPOSED LENGTH OF SURFACE CASING	NUMBER OF ACRES IN RILLING UNIT	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL	
NAME OF DRILLING CONTRACTOR					
<u>TRIPLE "S"</u>					
ADDRESS <u>HWY 98 BYPASS</u> CITY <u>COLUMBIA</u> STATE <u>MS</u> ZIP <u>39429</u>					
FOR CHANGE OF OPERATOR ONLY - SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL					
AUTHORIZED REPRESENTATIVE SIGNATURE			NAME OF FORMER OPERATOR		
NOTE: NOTIFY AREA FIELD INSPECTOR OR FIELD DIRECTOR (JACKSON OFFICE) OF DATES OF SPUDDING AND REACHING TOTAL DEPTH.					
State Oil and Gas Board, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-354-7142					
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE)					
<u>PULL WELL TO REMOVE SWAB LINE HUNG UP IN HOLE</u>					
ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS. STATUTE 53-3-7)	YES	NO	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)		

RECEIVED
 NOV 12 2003

EXECUTED THIS THE 10 DAY OF NOVEMBER, 2003
 STATE OF MS SIGNATURE OF AFFIANT Reggie Stringer
 COUNTY OF MARION

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____ 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 10th DAY OF November, 2003
 Signature Deborah A. Rutland
 NOTARY PUBLIC IN AND FOR MS
 COUNTY Marion

MY COMMISSION EXPIRES 5-7-05

PERMIT NUMBER _____
 APPROVAL DATE 11/12/2003
 APPROVED BY RSG
 NOTICE: BEFORE SENDING THIS FORM, BE SURE THAT ALL INFORMATION

MISSISSIPPI STATE OIL AND GAS BOARD		
FORM 2 (Rev. 4/01)		
A.P.I. WELL NUMBER		
STATE <u>23</u>	COUNTY <u>065</u>	WELL <u>20029</u>

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 Stringer Moving & Storage Address P O BOX 323 COLUMBIA MS 93429
 Lease Name STRINGER'S OILFIELD SERVICE INC Well Number I Field & Reservoir GWINVILLE FIELD, WILCOX SWD
 Location GWINVILLE GAS UNIT #119 Sec.—TWP-Range or Block & Survey 35 9N 19W
 County JEFFERSON DAVIS C.O. Permit number 141 SWD Date Issued 4 May 87 Previous permit number 283-WP #1700 Date Issued #46 12-7-70
 Date spudded 12582 Date total depth reached 4950 Date completed, ready to produce 4 May 87 Elevation (DF, RKB, RT or Gr.) feet Elevation of casing hd. flange feet
 Total depth 12582 P.B.T.D. 4950 Single, dual or triple completion? Rotary or cable tools used (interval) If this is a dual or triple completion, furnish separate report for each completion.
 Producing interval (s) for this completion 4950 Drilling Contractor TRIPPLE S WELL SER
 Was this well directionally drilled? Was directional survey made? Was copy of directional survey filed? Date filed RIG #6

Type of electrical or other logs run (check logs filed with the commission)

DUAL INJ - LATER LOG, FORMATION DENSITY, CBL

CASING RECORD

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

OCT 10 2001

STATE OIL & GAS BOARD

Purpose	Size hole drilled	Size casing set	Weight (lb./ft.)	Depth set	Sacks cement	Amt. pulled
CONDUCTOR	20"	16"	65	60	TO SURFACE	
SURFACE	12"	10 3/4"	40.5	1709	1920	
PRODUCTION	9"	7"	23, 26, 29	12137	1100	

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8 in.	4664 ft.	4633 ft.	7" AD 1 in.	ft.	ft.		

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval
8	4" CSG GUN	4740' - 4780'		

INITIAL PRODUCTION

Date of first production MPME 10-83 Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) SALT WATER DISPOSAL
 Date of test MPME 10-83 Hrs. tested Choke size Oil prod. during test bbls. Gas prod. during test MCF Water prod. during test bbls. Oil gravity * API (Corr)
 Tubing pressure Casing pressure Cal'd rate of Pro-duction per 24 hrs. Oil bbls. Gas MCF Water bbls. Gas-oil ratio
 Disposition of gas (state whether vented, used for fuel or sold): For Sour Gas or Oil Amount H₂S: Amount CO₂:

Executed this the 8 day of OCT 01 1991

State of MS

County of MARION

Before me, the undersigned authority, on this day personally appeared JOHNNIE STRINGER 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 8 day of OCT 1991

SEAL

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE

My commission expires Feb 9, 2004
 BONDED THRU NOTARY PUBLIC UNDERWRITERS

Notary Public In and for MARION

County, MS

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

MISSISSIPPI STATE OIL AND GAS BOARD

Form No. 3

A. P. I. Well Number

State 23

County 065

Well 20029

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

FORM 3

INDICATE TYPE OF COMPLETION									
NEW WELL	REENTRY	WORKOVER	DEEPEN	PLUG BACK	SAME RESERVOIR	DIFFERENT RESERVOIR	OIL	GAS	INJECTOR
		XX							

DESCRIPTION OF WELL AND LEASE										
OPERATOR STRINGER'S OILFIELD SERVICE, INC.					ADDRESS P.O. BOX 323, COLUMBIA, MS 39429					
LEASE NAME GWINVILLE GAS UNIT #119					WELL NUMBER 1					
LOCATION 660' S OF N LINE 660' E OF W LINE					FIELD & RESERVOIR GWINVILLE FIELD, WILCOX SWD					
COUNTY JEFFERSON DAVIS					SEC. - TWP. - RGE, LAT AND LONG 35 9N 19W		API NO. 23-065-20029		DIRECTIONAL, VERTICAL OR HORIZONTAL	
DATE SPUDDED					DATE ISSUED 5-4-87		PREVIOUS PERMIT NUMBER 283-WO#1700		DATE ISSUED 12-7-70	
PERMIT NUMBER C.O. 141 SWD					DATE TOTAL DEPTH REACHED		ELEVATION (DF, RKB, RT or GR)		ELEVATION OF CASING HD. FLANGE	
TOTAL DEPTH 12,582					P.B.T.D. 4950		SINGLE, DUAL OR TRIPLE COMPLETION?		IF THIS IS A DUAL OR TRIPLE COMPLETION, FURNISH SEPARATE REPORT FOR EACH COMPLETION.	
PERFORMATIONS FOR THIS COMPLETION, FORMATION										
DRILLING CONTRACTOR CHALLENGER										
WAS THIS WELL DIRECTIONALLY DRILLED?			WAS DIRECTIONAL SURVEY MADE?			WAS COPY OF DIRECTIONAL SURVEY FILED?			DATE FILED	
LIST ALL ELECTRICAL LOGS RUN FOR THIS COMPLETION, SERVICE COMPANY AND DATES FILED										

CASING RECORD						
(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	AMOUNT PULLED
CONDUCTOR	20"	16"	65	60	TO SURFACE	
SURFACE	12"	10 3/4"	40.5	1709	1920	
PRODUCTION	9"	7"	23.26-29	12,137	1100	

TUBING RECORD				LINER RECORD			
SIZE	DEPTH SET	PACKER SET AT	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
2 7/8"	4598.62 FT.	4598.62	7 IN.	FT.	FT.		FT.

PERFORATION RECORD THIS COMPLETION				ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD	
NUMBER PER FOOT	SIZE & TYPE	DEPTH INTERVAL	SERVICE COMPANY	AMOUNT & KIND OF MATERIAL USED	DEPTH INTERVAL
8	4" CGS GUN	4740-4780			

LIST ALL OTHER PERFORATIONS RECORDS AND TEST RESULTS CONT ON BACK				ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD	
NUMBER PER FOOT	SIZE & TYPE	DEPTH INTERVAL	SERVICE COMPANY	AMOUNT & KIND OF MATERIAL USED	DEPTH INTERVAL

INITIAL PRODUCTION						
DATE OF FIRST PRODUCTION/INJECTION MPME 10-83		PRODUCING METHOD (Indicate if Flowing, Gas Lift or Pumping - if Pumping, Indicate Size & Type of Pump) SALT WATER DISPOSAL				
DATE OF TEST 1-25-08	HOURS TESTED 1/2	CHOKE SIZE	OIL PRODUCED DURING TEST	GAS PRODUCED DURING TEST	WATER PRODUCED DURING TEST	OIL GRAVITY
TUBING PRESSURE	CASING PRESSURE	CALCULATED RATE OF PRODUCTION PER 24 HRS.		OIL	GAS	WATER
				BBL'S	MCF	BBL'S
DISPOSITION OF GAS (State Whether Vented, Used for Fuel or Sold)				SOUR GAS OR OIL		
				AMOUNT H ₂ S: AMOUNT CO ₂		

Executed this the 28TH day of JANUARY, 2008
 State of MS

Horace English
 Signature of Affiant
HORACE ENGLISH known to me to be the person

Before me, the undersigned authority, on this day personally appeared _____
 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 28TH day of JANUARY, 2008
 Signature _____

SEAL

Notary Public in and for MS
 County MARION
 My commission expires 5-7-09

MISSISSIPPI STATE OIL AND GAS BOARD
 FORM NO. 3
 A.P.I. WELL NUMBER
 STATE COUNTY WELL

CASING TESTS, REQUIRED BY STATEWIDE
 RULES 11 AND 12, MUST BE MADE.

Effective Jan. 1, 2007, no authorization to transport Oil or Gas from location will be approved until a completed form 3 and all electrical surveys have been filed with the Mississippi Oil and Gas Board

RECEIVED
 JAN 28 2008
 MISSISSIPPI STATE OIL AND GAS BOARD

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

<input type="checkbox"/> APPLICATION TO DRILL				<input checked="" type="checkbox"/> WORKOVER		<input type="checkbox"/> CHANGE OF OPERATOR	
NAME OF COMPANY OR OPERATOR STRINGER'S OILFIELD SERVICE, INC.						DATE 1-21-08	
ADDRESS 1320 HWY 13 NORTH, P.O. BOX 323, COLUMBIA, MS 39429						TELEPHONE 601-736-4498	
NAME OF WELL GWINVILLE GAS UNIT #119				WELL NO. #1 SEDW		ELEVATION (GROUND) 502"	
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 66P' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE				SECTION - TOWNSHIP - RANGE 35 9N 19W		CIRCLE TYPE OF PROPOSED WELL OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER (NAME)	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE N/A				API No. (EXISTING WELL)		APPROX. DATE WORK BEGINS 1-21-08	
PROPOSED DEPTH 4662 FEET		PROPOSED LENGTH OF SURFACE CASING FEET		NUMBER OF ACRES IN DRILLING UNIT ACRES		DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING UNIT LINE	
						DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL	
NAME OF DRILLING CONTRACTOR CHALLENGER DEEPWELL				NOTICE: PRIOR TO BEGINNING WORK NOTIFY OIL & GAS BOARD REPRESENTATIVE			
ADDRESS HWY 98 COLUMBIA MS 39429							
FOR CHANGE OF OPERATOR ONLY - SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL							
AUTHORIZED REPRESENTATIVE SIGNATURE				NAME OF FORMER OPERATOR			
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 601-354-7142							
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE)							
REPLACING TUBING				NOTICE: PRIOR TO BEGINNING WORK NOTIFY OIL & GAS BOARD REPRESENTATIVE Billy Drennan Recorder-- 758-3347 Mobile--543-5177			
ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS. STATUTE 53-3-7)				YES		RIGHTS IN SAID TRACTS OR INTERESTS AND FROM AGREED TO DEVELOP THEIR LANDS AS A DRILLING UNIT AND TO THE DRILLING OF THE WELL? (REF. MS. STATUTE 53-3-7)	
				YES		NO	

Executed this the 21ST day of JANUARY, 20 08

State of MISSISSIPPI

County of MARION

Horace English
Signature of Affiant

Before me, the undersigned authority, on this day personally appeared HORACE ENGLISH 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 herein, and that said report is true and correct.

Subscribed and sworn to before me this 21ST day of JANUARY, 20 08

SEAL

My commission expires 5-7-09

Signature Deborah A. Rutland
Notary Public in and for MISSISSIPPI
County MARION

PERMIT NUMBER _____
APPROVAL DATE 01/25/2008
APPROVED BY RST

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 FORM 2 (Rev. 4/01)		
STATE 23	A. P. I. WELL NUMBER COUNTY 065	WELL 20029

RECEIVED

JAN 23 2008

STATE OIL & GAS BOARD

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR <u>Stringer Moving & Storage</u>		DATE <u>2 OCT 01</u>	
ADDRESS <u>STRINGER'S OILFIELD SERVICE INC</u>		CITY <u>COLUMBIA</u>	STATE <u>MS</u>
P O BOX 323		WELL NUMBER <u>#1 SWDW</u>	ELEVATION (GROUND) <u>502'</u>
NAME OF WELL <u>GWINVILLE GAS UNIT #119</u>		CHECK THE TYPE OF PROPOSED WELL OIL <input type="checkbox"/> GAS <input type="checkbox"/>	
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) <u>660' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE</u>		OTHER (NAME) <u>SWDW</u>	
OF NE 1/4 OF NW 1/4		SECTION <u>35</u>	T <u>9N</u> R <u>19W</u>
FIELD & RESERVOIR (IF WILDCAT, SO STATE) <u>GWINVILLE</u>		COUNTY <u>JEFFERSON DAVIS</u>	APPROXIMATE DATE WORK WILL START
PROPOSED DEPTH: <u>4950</u> FEET	PROPOSED LENGTH OF SURFACE CASING: <u>N/A</u> FEET	NUMBER OF ACRES IN DRILLING UNIT	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL
NAME OF DRILLING CONTRACTOR <u>TRIPPLE S WELL SERVICE RIG #6</u>		CITY <u>COLUMBIA</u>	STATE <u>MS</u>
ADDRESS <u>P O BOX 625</u>			
FOR CHANGE OF OPERATOR ONLY SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL		NAME OF FORMER OPERATOR	
H.S. 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, 500 Graymont Avenue, Suite E, Jackson, MS 39202 601-354-7142			
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE) LAY DOWN OLD TUBING AND REPLACE BAD JOINTS WITH NEW TO CORRECT COMMUNICATION USING TRIPPLE S RIG			
<input type="checkbox"/> YES <input type="checkbox"/> NO ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS STATUTE 53-3-7)		<input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, 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 <u>2</u> DAY OF <u>OCT</u> , 19 <u>01</u>		SIGNATURE OF AFFILIATE <u>Johnnie Stringer</u>	
STATE OF <u>MS</u>		KNOWN TO ME TO	
COUNTY OF <u>MARTON</u>		BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE ABOVE INSTRUMENT, WHO BEING BY ME DULY SWORN ON NATH 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 <u>2</u> DAY OF <u>OCT</u> , 19 <u>01</u>		NOTARY PUBLIC IN AND FOR <u>MARTON</u>	
SEAL NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE MY COMMISSION EXPIRES: Feb 9, 2004 BONDED THRU NOTARY PUBLIC UNDERWRITERS		COUNTY <u>MS</u>	
PERMIT NUMBER: <u>1011512001</u>		MISSISSIPPI STATE OIL AND GAS BOARD	
APPROVAL DATE: <u>RST</u>		FORM NO. 2 (REV. 4-90)	
APPROVED BY: <u>RST</u>		A. P. I. WELL NUMBER	
NOTICE: BEFORE SENDING IN THIS FORM BE SURE THAT YOU HAVE GIVEN ALL INFORMATION REQUESTED.		STATE <u>23</u> COUNTY <u>065</u> WELL <u>20029</u>	
SEE INSTRUCTIONS ON REVERSE SIDE OF FORM			

MISSISSIPPI STATE OIL & GAS BOARD										Form No. 3							
WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG																	
DESIGNATE TYPE OF COMPLETION:																	
New Well	<input type="checkbox"/>	Work-Over	<input checked="" type="checkbox"/>	Deepen	<input type="checkbox"/>	Plug Back	<input type="checkbox"/>	Same Reservoir	<input type="checkbox"/>	Different Reservoir	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Dry	<input type="checkbox"/>
DESCRIPTION OF WELL AND LEASE																	
Operator STRINGER'S OILFIELD SERVICE INC						Address P O BOX 323 COLUMBIA MS 39429											
Lease Name GWINVILLE GAS UNIT #119						Well Number 1		Field & Reservoir GWINVILLE FIELD, WILCOX SWDW									
Location 660' S OF NL & 660' E OF WL NE 1/4 NW 1/4						Sec.--TWP--Range or Block & Survey 35 9N 19W											
County JEFFERSON DAVIS		Permit number C.O. 141 SWDW		Date issued 4 MAY 1987		Previous permit number 283 -/WO #1700		Date issued #46 12-7-70									
Date spudded		Date total depth reached		Date completed, ready to produce		Elevation (DF, RKB, RT or Or.) feet		Elevation of casing hd. flange feet									
Total depth 12582		P.B.T.D. 4950		Single, dual or triple completion?		If this is a dual or triple completion, furnish separate report for each completion.											
Producing interval (s) for this completion				Rotary or cable tools used (interval)				Drilling Contractor TRIPPLE "S" WELL SER RIG									
Was this well directionally drilled?				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 INJ - LATER LOG, FORMATION DENSITY, CBL										Date filed							
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											
CONDUCTOR	20"	16"	65	60	TO SURFACE												
SURFACE	12"	10 3/4"	40.5	1709	1920												
PRODUCTION	9"	7"	23, 26, 29	12137	1100												
TUBING RECORD																	
Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)										
2 7/8"	4643.24 ft.	4664.14 ft.	7" AD-1														
PERFORATION RECORD																	
Number per ft.	Size & type	Depth interval		Am't. & kind of material used		Depth interval											
8	4" CSG GUN	4740'-4780'															
INITIAL PRODUCTION																	
Date of first production MPME 10-83				Producing method (indicate if flowing, gas lift or pumping--if pumping, show size & type of pump): SALT WATER DISPOSAL													
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity * API (Corr)											
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas-oil ratio											
Disposition of gas (state whether vented, used for fuel or sold):				For Sour Gas or Oil Amount H ₂ S:		Amount CO ₂ :											
Executed this the <u>28</u> day of <u>JUL</u> 19 <u>97</u>				Signature of Affiant <i>Johnnie Stringer</i>													
State of <u>MS</u>				JOHNNIE STRINGER 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.													
County of <u>MARION</u>				Subscribed and sworn to before me this <u>28</u> day of <u>JUL</u> 19 <u>97</u>													
SEAL My commission expires <u>February 9, 2000</u> Notary Public State of Mississippi At Large BONDED THRU HEIDEN-MARCHETTI, INC.				Notary Public in and for <u>MARION</u> County, <u>MS</u>													
Casing tests as required by Statewide Rules 11 and 12 must be made				MISSISSIPPI STATE OIL AND GAS BOARD Form No. 3 A. P. I. Well Number State County Well													

RECEIVED

AUG 06 1997

STATE OIL & GAS BOARD

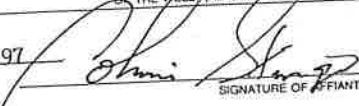
APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

RECEIVED

JUL 25 1997

STATE OIL & GAS BOARD

NAME OF COMPANY OR OPERATOR STRINGER'S OILFIELD SERVICE INC		CITY COLUMBIA		STATE MS	DATE 23 JUL 97	ZIP 39429	TELEPHONE 601 736 4498
ADDRESS P O BOX 323		WELL NUMBER #1 SWD		ELEVATION (GROUND) 502'		CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____	
NAME OF WELL GWINVILLE GAS UNIT #119		WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE OF NE 1/4 OF NW 1/4		SECTION 35 T. 9N R. 19W		OTHER (NAME) SWD	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE		COUNTY JEFFERSON DAVIS		APPROXIMATE DATE WORK WILL START 24 JUL 97		DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL _____ FEET	
PROPOSED DEPTH: 4662 FEET	PROPOSED LENGTH OF SURFACE CASING: N/A	NUMBER OF ACRES IN DRILLING UNIT _____	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 _____ CITY _____ STATE _____							
ADDRESS _____							
FOR CHANGE OF OPERATOR ONLY SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL _____ AUTHORIZED REPRESENTATIVE SIGNATURE _____ NAME OF FORMER OPERATOR _____							
H ₂ S 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, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-354-7142							
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE) LAY DOWN OLD TUBING AND REPLACE BAD JOINTS WITH NEW TO CORRECT COMMUNICATION USING TRIPPLE S RIG							
<input type="checkbox"/> YES <input type="checkbox"/> NO ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS STATUTE 53-3-7)				<input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, 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 <u>23</u> DAY OF <u>JUL</u> 19 <u>97</u> STATE OF <u>MS</u> COUNTY OF <u>MARION</u>				SIGNATURE OF AFFIANT  JOHNNIE STRINGER 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 <u>23</u> DAY OF <u>JUL</u> 19 <u>97</u> SEAL MY COMMISSION EXPIRES <u>BONDED THRU HEIDEN-MARCHETTI, INC.</u> Notary Public State of Mississippi At Large My Commission Expires: February 9, 2000				NOTARY PUBLIC IN AND FOR <u>MARION</u> COUNTY, <u>MS</u>			
PERMIT NUMBER: <u>7-28-97</u> APPROVAL DATE: <u>25</u> 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. 4-90) A. P. I. WELL NUMBER _____ STATE _____ COUNTY _____ WELL _____			

DALLAS PRINTING COMPANY, INC. — JACKSON, MS

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 JOHNNIE STRINGER MOVING & STORAGE INC.		Address POST OFFICE BOX 323 - COLUMBIA MS 39429	
Lease Name GWINVILLE GAS UNIT #119		Well Number 1	Field & Reservoir GWINVILLE FIELD, WILCOX SWD
Location 660' S OF NL & 660' E OF WL NE1 NW1		Sec.—TWP—Range or Block & Survey 35 9N 19W	
County JEFFERSON DAVIS	Permit number C.O. 141 SWD	Date Issued 4 MAY 1987	Previous permit number 283 -/WO #1700
Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet 12-7-70
Total depth 12582	P.B.T.D. 4950	Single, dual or triple completion?	If this is a dual or triple completion, furnish separate report for each completion.
Producing interval (s) for this completion INJECTION 4740' - 4780'		Rotary or cable tools used (interval) TRIPPLE 'S' WELL SER RIG #7	
Was this well directionally drilled?		Was directional survey made?	Was copy of directional survey filed?
Type of electrical or other logs run (check logs filed with the commission) DUAL INJ - LATER LOG, FORMATION DENSITY, CBL		Date filed	

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
CONDUCTOR	20"	16"	65	60	TO SURFACE
SURFACE	12"	10 3/4"	40.5	1709	1920
PRODUCTION	9"	7"	23, 26, 29	12147	1100

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8 in.	4643.24 ft.	4647.16 ft.	7" AD 1 in.				

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
8	4" CSG GUN	4740' - 4780'

INITIAL PRODUCTION

Date of first production MPME 10-83		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) SALT WATER DISPOSAL			
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.
Disposition of gas (state whether vented, used for fuel or sold):			For Sour Gas or Oil Amount H ₂ S: Amount CO ₂ :		

Executed this the 6 day of JAN, 19 97
State of MS
County of MARION

Before me, the undersigned authority, on this day personally appeared JOHNNIE STRINGER 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 6 day of JAN, 19 97

SEAL
Notary Public State of Mississippi At Large
My commission expires February 8, 2000
BONDED THRU HEIDEN-MARCHETTI, INC.

Notary Public in and for MARION
County, MS

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

MISSISSIPPI STATE OIL AND GAS BOARD

Form No. 3

A. P. I. Well Number

State

County

Well

RECEIVED

FEB 10 1997

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

RECEIVED

FEB 07 1997

STATE OIL & GAS BOARD

NAME OF COMPANY OR OPERATOR JOHNNIE STRINGER MOVING & STORAGE INC		DATE 4 FEB 97	
ADDRESS P O BOX 323		CITY COLUMBIA	STATE MS
NAME OF WELL GWINVILLE GAS UNIT 119		WELL NUMBER #1	ELEVATION (GROUND) 39429
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' S OF NL & 660' E OF WL NE 1/4 NW 1/4		CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____ OTHER (NAME) SALT WATER INJ	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE		COUNTY JEFFERSON DAVIS	APPROXIMATE DATE WORK WILL START 5 FEB 97
PROPOSED DEPTH: 4629 FEET	PROPOSED LENGTH OF SURFACE CASING: FEET	NUMBER OF ACRES IN DRILLING UNIT SECTION 35 T 9N R 19W	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 WELL AUTHORIZED REPRESENTATIVE SIGNATURE _____ NAME OF FORMER OPERATOR _____			
H.S. 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) LAY DOWN OLD TUBING AND PICKUP A NEW STRING (USED) OF TUBING TO CORRECT COMMUNICATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO ARE THERE SEPARATELY OWNED TRACTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT?		<input type="checkbox"/> YES <input type="checkbox"/> 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 4 DAY OF FEB , 19 97 STATE OF MS COUNTY OF MARION		JOHNNIE STRINGER SIGNATURE OF AFFIANT 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 4 DAY OF FEB , 19 97 SEAL My Commission Expires February 8, 2000 BONDED THRU HEIDEN-MARCHETTI, INC.	
NOTARY PUBLIC IN AND FOR COUNTY, MS			
PERMIT NUMBER: _____ APPROVAL DATE: 2/7/97 APPROVED BY: _____ NOTICE: BEFORE SENDING IN THIS FORM BE SURE THAT YOU HAVE GIVEN ALL INFORMATION REQUESTED.		MISSISSIPPI STATE OIL AND GAS BOARD FORM NO. 2 (REV. 10-86) A P. L. WELL NUMBER STATE _____ COUNTY _____ WELL _____	

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

DALLAS PRINTING COMPANY, INC. — JACKSON, MS

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: **JOHNNIE STRINGER MOVING & STORAGE INC**
 Address: **P O BOX 323 COLUMBIA MS 39429**
 Lease Name: **GWINVILLE GAS UNIT #119**
 Well Number: **#1**
 Field & Reservoir: **GWINVILLE FIELD, WILCOX SWDW**
 Location: **660' S OF N/L & 660' EAST OF W/L OF NE1/4 OF NW1/4, SEC 35, T9N, R19W**
 County: **JEFFERSON DAVIS**
 Permit number: **283/WO #17 CO #46**
 Date Issued: **12/7/70**
 Date total depth reached: **4950**
 Date completed, ready to produce: **12/7/70**
 Elevation (DF, RKB, RT or Gr.) feet: **1100**
 Total depth: **12582**
 P.B.T.D.: **4950**
 Single, dual or triple completion? **TRIPPLE S WELL SER #4**
 If this is a dual or triple completion, furnish separate report for each completion.

Producing interval (s) for this completion: **INJECTION 4740'-4780'**
 Was this well directionally drilled? ☐ Was directional survey made? ☐ Was copy of directional survey filed? ☐ Date filed:

Type of electrical or other logs run (check logs filed with the completion):
DUAL INJ - LATER LOG, FORMATION DENSITY, CBL

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
CONDUCTOR	20"	16"	65	60	TO SURFACE
SURFACE	12"	10 3/4"	40.5	1709	1920
PRODUCTION	9"	7"	23, 26, 29	12147	1100

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8 in.	4658.39 ft.	4662.31 ft.	7" AD 1 in.				

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
8	4" CSG GUN	4740' - 4780'

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Am't. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production: **MPME 10-83**
 Producing method (Indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:): **SALT WATER DISPOSAL**

Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity ° API (Corr)

Tubing pressure	Casing pressure	Cal'ed rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas-oil ratio

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

Executed this the 22 day of JUL 1996
 State of MS
 County of MARION

Before me, the undersigned authority, on this day personally appeared JOHNNIE STRINGER known to me to be the person whose name is subscribed to the above instrument, who being 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 22 day of JUL 1996

SEAL
 My commission expires February 9, 2000
 Notary Public State of Mississippi At Large
 BONDED THRU HEIDEN-M...
 Notary Public, In and for MARION MS

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

RECEIVED

MISSISSIPPI STATE OIL AND GAS BOARD
 Form No. 3
 A. P. I. Well Number
 County
 Well

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐**RECEIVED**
JUL 24 1996
STATE OIL & GAS BOARD

NAME OF COMPANY OR OPERATOR JOHNNIE STRINGER MOVING & STORAGE INC		DATE 7-19-96	
ADDRESS P O BOX 323	CITY COLUMBIA	STATE MS	ZIP 39429
NAME OF WELL WINVILLE GAS UNIT #119		WELL NUMBER #1 SWD	ELEVATION (GROUND) 502'
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE OF NE 1/4 OF NW 1/4		CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____ OTHER (NAME) SWD	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) WINVILLE		COUNTY JEFFERSON DAVIS	APPROXIMATE DATE WORK WILL START 19 JUL 96
PROPOSED DEPTH: 4662 FEET	PROPOSED LENGTH OF SURFACE CASING: N/A FEET	NUMBER OF ACRES IN DRILLING UNIT	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING UNIT LINE FEET

NAME OF DRILLING CONTRACTOR	CITY	STATE
ADDRESS		
FOR CHANGE OF OPERATOR ONLY SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL		NAME OF FORMER OPERATOR
AUTHORIZED REPRESENTATIVE SIGNATURE		

H ₂ S OPERATIONS (FOR STAFF USE ONLY)	DATE RECEIVED	DATE APPROVED
FORM NO. 19: DATE REQUESTED		
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)

**LAY DOWN OLD TUBING AND REPLACE BAD JOINTS WITH NEW TO CORRECT COMMUNICATION
USING TRIPPLE S RIG #4**

<input type="checkbox"/> YES <input type="checkbox"/> NO ARE THERE SEPARATELY OWNED TRACTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT?	<input type="checkbox"/> YES <input type="checkbox"/> 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 **18** DAY OF **JULY**, 19 **96**
STATE OF **MS**
COUNTY OF **MARION**

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED **JOHNNIE STRINGER** 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 **18** DAY OF **JUL**, 19 **96**
SEAL
MY COMMISSION EXPIRES **BONDED THRU HEIDEN-MARCHETTI, INC.**

NOTARY PUBLIC IN AND FOR
COUNTY, **MS**

PERMIT NUMBER: _____
APPROVAL DATE: **7/25/96**
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

COUNTY

WELL

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR JOHNNIE STRINGER MOVING & STORAGE INC		DATE 13 OCT 95	
ADDRESS P O BOX 323	CITY COLUMBIA	STATE MS	ZIP 39429
NAME OF WELL GWINVILLE GAS UNIT		WELL NUMBER 119	ELEVATION (GROUND) 502'
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE NE 1/4 OF NW 1/4 SECTION 35 TP 9 NORTH RANGE 19 WEST		CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____ OTHER (NAME) INJECTION	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE		COUNTY JEFFERSON DAVIS	APPROXIMATE DATE WORK WILL START 16 OCT 95
PROPOSED DEPTH: 4639 FEET	PROPOSED LENGTH OF SURFACE CASING: _____ FEET	NUMBER OF ACRES IN DRILLING UNIT _____	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING UNIT LINE _____ FEET

NAME OF DRILLING CONTRACTOR _____	CITY _____	STATE _____
ADDRESS _____		
FOR CHANGE OF OPERATOR ONLY SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL _____		NAME OF FORMER OPERATOR _____
H ₂ S 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, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-354-7142

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

LAY DOWN OLD TUBING AND REPLACE BAD JOINTS WITH NEW TO CORRECT COMMUNICATION. USING
TRIPPLE S RIG #3

RECEIVED
OCT 23 1995
STATE OIL & GAS BOARD

<input type="checkbox"/> YES <input type="checkbox"/> NO ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS STATUTE 53-3-7)	<input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, 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 <u>13</u> DAY OF <u>OCTOBER</u> , 19 <u>95</u>	SIGNATURE OF AFFILIATE 
STATE OF <u>MS</u> COUNTY OF <u>MARION</u>	
BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED <u>JOHNNIE STRINGER</u> 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 <u>13</u> DAY OF <u>OCT</u> , 19 <u>95</u>	
SEAL MY COMMISSION EXPIRES <u>My Commission Expires Feb. 10, 1996</u>	NOTARY PUBLIC IN AND FOR <u>MARION</u> COUNTY, <u>MS</u>

PERMIT NUMBER: _____
APPROVAL DATE: <u>10/23/95</u>
APPROVED BY: _____
NOTICE: BEFORE SENDING IN THIS FORM, BE SURE THAT YOU HAVE GIVEN ALL INFORMATION REQUESTED.

MISSISSIPPI STATE OIL AND GAS BOARD

FORM NO. 2 (REV. 4-90)
A. P. I. WELL NUMBER _____

STATE _____ COUNTY _____ WELL _____

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

MISSISSIPPI STATE OIL & GAS BOA

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 JOHNNIE STRINGER MOVING & STORAGE INC		Address P O BOX 323 COLUMBIA MS 39429	
Lease Name GWINVILLE GAS UNIT #119		Well Number I	Field & Reservoir GWINVILLE FIELD, WILCOX SWD
Sec.—TWP.—Range or Block & Survey			
Location 660' S OF N/L & 660' EAST OF W/L OF NE¹ OF NW¹, SEC 35 T9N R19 W			
County JEFFERSON DAVIS	Permit number 283/WO #17 CO #46	Date Issued 12/7/70	Previous permit number
Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet 1277
Total depth 12582		P.B.T.D. 4950	Single, dual or triple completion?
Producing interval (s) for this completion INJECTION 4740' - 4780'		Rotary or cable tools used (interval)	Drilling Contractor TRIPPLE S WELL SER
Was this well directionally drilled?	Was directional survey made?	Was copy of directional survey filed?	Date filed E
Type of electrical or other logs run (check logs filed with the commission) DUAL IND - LATER LOG, FORMATION DENSITY, CBL			Date filed

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
CONDUCTOR	20"	16"	65	60	TO SURFACE	
SURFACE	12"	10-3/4"	40.5	1709	1920	
PRODUCTION	9"	7"	23, 26, 29	12147	1100	

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8 in.	4622.42'	4637.53'	7" AD In.				

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval	ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD
8	4" CSG GUN	4740' - 4780'	Am't. & kind of material used
			Depth Interval

INITIAL PRODUCTION

Date of first production MPME 10-83		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) SALT WATER DISPOSAL					
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity ° API (Corr)	
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas-oil ratio	

Disposition of gas (state whether vented, used for fuel or sold):

For Sour Gas or Oil Amount H₂S: _____ Amount CO₂: _____

Executed this the 20 day of FEB, 1995

State of MS

County of MARION

Before me, the undersigned authority, on this day personally appeared JOHNNIE STRINGER 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 20 day of FEB, 1995

SEAL My commission expires Feb. 10, 1996

Notary Public in and for MARION
County, MS

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

FEB 22 1995

STATE OIL & GAS BOARD

MISSISSIPPI STATE OIL AND GAS BOARD

APPROVED

State _____ County _____ Well _____

23 065 20029

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR JOHNNIE STRINGER MOVING & STORAGE INC		DATE 27 JAN 95	
ADDRESS P O BOX 323	CITY COLUMBIA	STATE MS	ZIP 39429
NAME OF WELL GWINVILLE GAS UNIT 119		WELL NUMBER #1 SWDW	ELEVATION (GROUND) 502'
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' SOUTH OF NORTH LINE AND 660' EAST OF WEST LINE NE 1/4 OF NW 1/4		CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____ OTHER (NAME) SWDW	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE N/A	COUNTY JEFFERSON DAVIS	APPROXIMATE DATE WORK WILL START 30 JAN 95	
PROPOSED DEPTH: 4629 FEET	PROPOSED LENGTH OF SURFACE CASING: _____ FEET	NUMBER OF ACRES IN DRILLING UNIT _____	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING UNIT LINE _____ FEET

NAME OF DRILLING CONTRACTOR _____	CITY _____	STATE _____
ADDRESS _____		
FOR CHANGE OF OPERATOR ONLY SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL _____ AUTHORIZED REPRESENTATIVE SIGNATURE		NAME OF FORMER OPERATOR _____ RECEIVED JAN 31 1995

H ₂ S OPERATIONS (FOR STAFF USE ONLY) FORM NO. 19: DATE REQUESTED _____	DATE RECEIVED _____	DATE APPROVED _____
CONTINGENCY PLAN: DATE RECEIVED _____	DATE APPROVED _____	STATE OIL & GAS BOARD

NOTE: Notify area field inspector or field director (Jackson office) of dates of spudding and reaching total depth.
State Oil and Gas Board, 500 Graymont Avenue, Suite E, Jackson, MS 39202 601-354-7142
REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE)

Board Representative

INSPECTOR:
Doug Boyd
601-587-2777

LAY DOWN OLD TUBING AND REPLACE ~~OLD~~ JOINTS WITH NEW TO CORRECT COMMUNICATION. USING TRIPPLE S RIG #7

<input type="checkbox"/> YES <input type="checkbox"/> NO ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS STATUTE 53-3-7)	<input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, 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 27 DAY OF JAN , 19 95	SIGNATURE OF AFFIANT <i>Johnnie Stringer</i>
STATE OF MS	JOHNNIE STRINGER
COUNTY OF MARION	KNOWN TO ME TO
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 27 DAY OF JAN , 19 95	NOTARY PUBLIC IN AND FOR MARION COUNTY, MS
SEAL MY COMMISSION EXPIRES My Commission Expires Feb. 10, 1996	

PERMIT NUMBER: _____
APPROVAL DATE: 2/6/95
APPROVED BY: <i>R.R. FH</i>
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. 4-90)

A. P. I. WELL NUMBER

STATE

23

COUNTY

065

WELL

20029

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: **JOHNNIE STRINGER MOVING & STORAGE INC** Address: **P O BOX 323 COLUMBIA MS 39429**
 Lease Name: **GWINVILLE GAS UNIT #119** Well Number: **I** Field & Reservoir: **GWINVILLE FIELD, WILCOX SWD**
 Location: **660' S OF N/L & 660' EAST OF W/L OF NE 1/4 OF NW 1/4, SEC 35 T9N R19 W**
 County: **JEFFERSON DAVIS** Permit number: **283/WO #17 CO #46** Date Issued: **12/7/70**
 Date spudded: _____ Date total depth reached: **9700** Date completed, ready to produce: _____
 Elevation (DF, RKB, RT or Gr.) feet: _____ Elevation of casing hd. flange feet: _____
 Total depth: **12582** P.B.T.D.: **9700** Single, dual or triple completion?: _____
 Producing interval (s) for this completion: **INJECTION 4740' - 4780'** Rotary or cable tools used (interval): _____ Drilling Contractor: **CHALLENGER DEEPWELL**
 Was this well directionally drilled? **BT** 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 IND - LATER LOG, FORMATION DENSITY, CBL** Date filed: _____

CASING RECORD

Purpose	Size hole drilled	Size casing set	Weight (lb./ft.)	Depth set	Sacks cement	Amt. pulled
CONDUCTOR	20"	16"	65	60	TO SURFACE	
SURFACE	12"	10-3/4"	40.5	1709	1920	
PRODUCTION	9"	7"	23, 26, 29	12147	1100	

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8 in.	4620 ft.	4632 ft.	7" AD in.				

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
8	4" CSG GUN	4740' - 4780'

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Amt. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production: **MPME 10-83** Producing method (indicate if flowing, gas lift or pumping—If pumping, show size & type of pump): **SALT WATER DISPOSAL**

Date of test	Hrs. tested	Choke size	Oil prod. during test	Gas prod. during test	Water prod. during test	Oil gravity
			bbls.	MCF	bbls.	* API (Corr)

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

Disposition of gas (state whether vented, used for fuel or sold): _____

For Sour Gas or Oil Amount H₂S: _____ Amount CO₂: _____

Executed this the 27 day of NOV, 1992
 State of MS
 County of MARION

Signature of Affiant

Before me, the undersigned authority, on this day personally appeared _____ 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 27 day of NOV, 1992

SEAL

My commission expires My Commission Expires Feb. 10, 1996

Notary Public in and for MARION
 County, MS

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

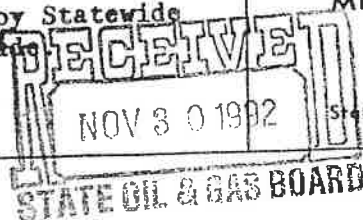
MISSISSIPPI STATE OIL AND GAS BOARD

Form No. 3

A. P. I. Well Number

County

Well



APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR JOHNNIE STRINGER MOVING & STORAGE INC			DATE 24 Nov 92		
ADDRESS P O BOX 323		CITY COLUMBIA	STATE MS	ZIP 39429	TELEPHONE 736 4498
NAME OF WELL GWINVILLE GAS UNIT 119		WELL NUMBER I	ELEVATION (GROUND)		
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' S OF NL & 660' E OF WL NE 1/4 NW 1/4		SECTION 35 T. 9N R. 19W		CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____ OTHER (NAME) SALTWATER INJECTION	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE		COUNTY JEFFERSON DAVIS		APPROXIMATE DATE WORK WILL START 25 NOV 92	
PROPOSED DEPTH: 4629 FEET	PROPOSED LENGTH OF SURFACE CASING: FEET	NUMBER OF ACRES IN DRILLING UNIT	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 _____ CITY _____ STATE _____
ADDRESS _____

FOR CHANGE OF OPERATOR ONLY
SIGNATURE OF FORMER OPERATOR REQUIRED
FOR TRANSFER OF WELL

AUTHORIZED REPRESENTATIVE SIGNATURE

NAME OF FORMER OPERATOR

H₂S OPERATIONS (FOR STAFF USE ONLY)
FORM NO. 19: DATE REQUESTED _____

DATE RECEIVED _____

DATE APPROVED _____

CONTINGENCY PLAN: DATE RECEIVED _____

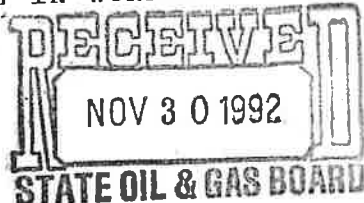
DATE APPROVED _____

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)

MOVE IN WORKOVER TO CORRECT COMMUNICATION, SUSPECT HOLE IN TUBING



☐ 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 **24** DAY OF **NOV**, 19 **92**

STATE OF **MS**

COUNTY OF **MARION**

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED **JOHNNIE STRINGER** 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 **NOV**, 19 **92**

SEAL

MY COMMISSION EXPIRES

My Commission Expires Feb. 10, 1996

NOTARY PUBLIC IN AND FOR

MARION

COUNTY

MS

PERMIT NUMBER:

APPROVAL DATE:

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

COUNTY

WELL

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 JOHNNIE STRINGER MOVING & STORAGE INC		Address P O BOX 323 COLUMBIA MS 39429	
Lease Name GWINVILLE GAS UNIT 119		Well Number #1 SWDW	Field & Reservoir WILCOX (SALT WATER DISPOSAL)
Location 660' S OF N/L & 660' EAST OF W/L OF NE1/4 OF NW1/4, S EC 35 T9N R19W			
County JEFFERSON DAVIS	Permit number 9700	Date Issued 283/WO #17	Date Issued 12/7/70
Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet 12147
Total depth 12582		P.B.T.D. 9700	Single, dual or triple completion? YES
Producing interval (s) for this completion INJECTION 4740' - 4780'		Rotary or cable tools used (interval) YES	Drilling Contractor CHALLENGER DEEPWELL
Was this well directionally drilled?		Was directional survey made?	Was copy of directional survey filed?
NO		NO	NO
Type of electrical or other logs run (check logs filed with the commission) DUAL IND - LATER LOG, FORMATION DENSITY, CBL			Date filed

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
CONDUCTOR	20"	16"	65	60	TO SURFACE	
SURFACE	12"	10-3/4"	40.5	1709	1920	
PRODUCTION	9"	7"	23, 26, 29	12147	1100	

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8 in.	4620 ft.	4632 ft.	7" AD in.				

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval	Amt. & kind of material used	Depth Interval
8	4" CSG GUN	4740' - 4780'		

INITIAL PRODUCTION

Date of first production MPME 10-83		Producing method (indicate if flowing, gas lift or pumping—If pumping, show size & type of pump:) SALT WATER DISPOSAL					
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity ° API (Corr)	
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas-oil ratio	
Disposition of gas (state whether vented, used for fuel or sold):				For Sour Gas or Oil Amount H ₂ S: _____ Amount CO ₂ : _____			

Executed this the 9 day of JULY, 1992
 State of MS
 County of MARION

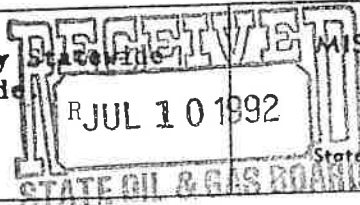
Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly authorized to make the above report and that he has knowledge of the facts stated therein,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

Subscribed and sworn to before me this 9 day of JULY, 1992

SEAL My Commission Expires Feb. 10, 1996

Notary Public in and for MARION
 County, MS

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



MISSISSIPPI STATE OIL AND GAS BOARD

Form No. 3

A. P. I. Well Number

County

Well

MECHANICAL INTEGRITY TESTING

FILE IDENTIFICATION

YES

OPERATOR

Johnnie Stringer Moving & Storage, Inc.RULE AUTHORIZED WELL
PERMITTED WELL

YES

YES

ADDRESS

UIC PERMIT NO.

LEASE NAME -
WELL NUMBERGuinnville G.U. 1195.W.D. #1

FIELD

Guinnville

WELL LOCATION

TOWNSHIP COORDINATES

1/4 1/4 1/4

T 9N R 19W SEC. 35

STATE NAME

COUNTY

NAME

Miss.Jeff. Davis

MIT TEST DATA

TEST TIME-START

9:30 A.M.

TEST TIME-END

10 A.M.

TEST DATE

7-10-92

INJECTED FLUID

Sg

ANNULAR FLUID

Sg

TYPE OF TEST

☒ SHUT-IN

(check one)

☐ INJECTING

INJECTION RATE

(bbl/day)

INJECTION PRESSURE

(psi)

ANNULAR PRESSURE TEST

INITIAL TEST PRESSURE

(psi)

FINAL TEST PRESSURE

(psi)

PRESSURE CHANGE

(+/-psi)

LENGTH OF
TEST

(minutes)

ANNULAR
SPACE500500None30

COMMENTS:

Put 500 lbs. on Casing for 30 minutes and
didn't lose any pressure of Test was O.K.

OPERATOR

REPRESENTATIVE

Clarence Dillon

INSPECTOR

Clarence Dillon

JUL 13 1992

STATE OIL & GAS BOARD

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR JOHNNIE STRINGER MOVING & STORAGE INC				DATE 7 Jul 92	
ADDRESS P O BOX 323		CITY COLUMBIA	STATE MS	ZIP 39429	TELEPHONE 736 4498
NAME OF WELL GWINVILLE GAS UNIT 119		WELL NUMBER #1	ELEVATION (GROUND)	CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____ OTHER (NAME) SALT WATER INJECTION	
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' S OF NL & 660' E OF WL NE/4 NW/4 JEFFERSON DAVIS CO MS				SECTION 35 T 9N R 19W	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE			COUNTY JEFFERSON DAVIS	APPROXIMATE DATE WORK WILL START 8 JUL 92	
PROPOSED DEPTH: 4629 _____ FEET	PROPOSED LENGTH OF SURFACE CASING: _____ FEET	NUMBER OF ACRES IN DRILLING UNIT	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 _____ CITY _____ STATE _____

ADDRESS _____

FOR CHANGE OF OPERATOR ONLY
SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL _____
AUTHORIZED REPRESENTATIVE SIGNATURE _____ NAME OF FORMER OPERATOR _____

H₂S 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)
LAY DOWN OLD TUBING AND PICKUP A NEW STRING (USED) OF TUBING TO CORRECT COMMUNICATION

☐ 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 7 DAY OF JUL, 19 92
STATE OF MS
COUNTY OF MARION

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED JOHNNIE STRINGER 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 7 DAY OF JUL, 19 92

SEAL
MY COMMISSION EXPIRES My Commission Expires Feb. 10, 1996
My Commission Expires Feb. 10, 1996

SIGNATURE OF AFFIANT _____
NOTARY PUBLIC IN AND FOR MARION
COUNTY, MS

PERMIT NUMBER: 07-08-92
APPROVAL DATE: 2.8
APPROVED BY: _____
NOTICE: BEFORE SENDING IN THIS FORM BE SURE THAT YOU HAVE GIVEN ALL INFORMATION REQUESTED

MISSISSIPPI STATE OIL AND GAS BOARD

FORM NO. 2 (REV. 10-86)
A. P. I. WELL NUMBER

STATE _____ COUNTY _____ WELL _____

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

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 JOHNNIE STRINGER MOVING & STORAGE INC		Address P O BOX 323 COLUMBIA MS 39429	
Lease Name GWINVILLE GAS UNIT 119		Well Number #1 SWDW	Field & Reservoir WILCOX (SALT WATER DISPOSAL)
Location 660' S OF N/L & 660' EAST OF W/L OF NE1/4 OF NW1/4, 35 t9N R19W			
County JEFFERSON DAVIS	Permit number	Date Issued	Previous permit number 283/WO #17
Date spudded	Date total depth reached	Date completed, ready to produce	Date Issued 12/7/70
Total depth 12582		P.B.T.D. 9700	Elevation (DF, RKB, RT or Gr.) feet 12147
Producing interval (s) for this completion INJECTION 4740' - 4780'		Single, dual or triple completion? YES	If this is a dual or triple completion, furnish separate report for each completion.
Was this well directionally drilled? NO		Was directional survey made? NO	Was copy of directional survey filed? NO
Type of electrical or other logs run (check logs filed with the commission) DUAL IND - LATER LOG, FORMATION DENSITY, CBL			Date filed

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
CONDUCTOR	20"	16"	65	60	TO SURFACE	--
SURFACE	12"	10-3/4"	40.5	1709	1920	
PRODUCTION	9"	7"	23, 26, 29	12147	1100	

TUBING RECORD

Size	Depth set	Packer set at	Size
2-7/8 in.	4629 ft.	4646 ft.	7" AD in.

LINER RECORD

Top	Bottom	Sacks cement	Screen (ft.)

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
8	4" CSG GUN	4740' - 4780'

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Amt. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production MPME 10-83		Producing method (Indicate if flowing, gas lift or pumping—If pumping, show size & type of pump:) SALT WATER DISPOSAL					
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity * API (Corr)	
Tubing pressure	Casing pressure	Cal'ated rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas-oil ratio	

Disposition of gas (state whether vented, used for fuel or sold):	For Sour Gas or Oil Amount H ₂ S:	Amount CO ₂ :
---	---	--------------------------

Executed this the 30 day of JANUARY, 19 92
 State of MS
 County of MARION

Before me, the undersigned authority, on this day personally appeared _____ 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 30 day of JANUARY, 19 92

SEAL
 My commission expires February 10, 1992
 Notary Public in and for MARION
 County, MS

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

FEB 03 1992

MISSISSIPPI STATE OIL AND GAS BOARD

Form No. 3

A. P. I. Well Number

State

County

Well

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

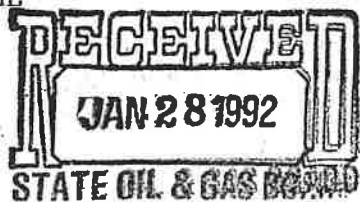
APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR JOHNNIE STRINGER MOVING & STORAGE INC		DATE 27 Jan 92	
ADDRESS P O BOX 323	CITY COLUMBIA	STATE MS	ZIP TELEPHONE 39429 736 4498
NAME OF WELL GWINVILLE GAS UNIT 119	WELL NUMBER #1	ELEVATION (GROUND)	CHECK THE TYPE OF PROPOSED WELL OIL _____ GAS _____ SALT WATER INJECTION OTHER (NAME) _____
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 660' S of NL & 660' E of WL NE/4 NW/4 JEFFERSON DAVIS CO MS		SECTION 35 T. 9N R. 19W	APPROXIMATE DATE WORK WILL START 27 Jan 92
FIELD & RESERVOIR (IF WILDCAT, SO STATE) GWINVILLE		COUNTY JEFFERSON DAVIS	
PROPOSED DEPTH: 4629 FEET	PROPOSED LENGTH OF SURFACE CASING: FEET	NUMBER OF ACRES IN DRILLING UNIT	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING UNIT LINE FEET

NAME OF DRILLING CONTRACTOR	CITY	STATE
ADDRESS		
FOR CHANGE OF OPERATOR ONLY SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL		NAME OF FORMER OPERATOR
H ₂ S 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, 500 Greymont Avenue, Suite E, Jackson, MS 39202 601-354-7142

REMARKS: (IF THIS IS AN APPLICATION TO WORKOVER, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE)
MOVE IN WORKOVER TO FIND HOLE IN TUBING AND REPLACE SAME



☐ YES ☐ NO ARE THERE SEPARATELY OWNED TRACTS OR INTERESTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT? (REF. MS STATUTE 53-3-7)

☐ YES ☐ NO IF SO, 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 27 DAY OF Jan, 1992

STATE OF MS

COUNTY OF MARION

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED JOHNNIE STRINGER 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 27 DAY OF Jan, 1992

SEAL My Commission Expires February 10, 1992

NOTARY PUBLIC IN AND FOR MARION COUNTY, MS

PERMIT NUMBER: 1-37-92

APPROVAL DATE: 2/2

APPROVED BY: _____

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

MISSISSIPPI STATE OIL AND GAS BOARD

FORM NO. 2 (REV. 4-90)
A. P. I. WELL NUMBER

STATE COUNTY WELL

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

MISSISSIPPI STATE OIL & GAS BOARD										Form No. 3									
WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG																			
DESIGNATE TYPE OF COMPLETION:																			
New Well	<input type="checkbox"/>	Work-Over	<input type="checkbox"/>	Deepen	<input type="checkbox"/>	Plug Back	<input type="checkbox"/>	Same Reservoir	<input type="checkbox"/>	Different Reservoir	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Dry	<input type="checkbox"/>		
DESCRIPTION OF WELL AND LEASE																			
Operator JOHNNIE STRINGER MOVING & STORAGE INC										Address P O BOX 323 COLUMBIA MS 39429									
Lease Name GWINVILLE GAS UNIT 119										Well Number #1		Field & Reservoir GWINVILLE WILCOX							
Location 660' SOUTH OF NORTH LINE & 660' EAST OF WEST LINE NE 1/4 OF NW 1/4, SEC 35, T9N, R19W																			
County JEFFERSON DAVIS		Permit number		Date Issued		Previous permit number SWDW		Date Issued		Date issued TRANSFER									
Date spudded		Date total depth reached		Date completed, ready to produce		Elevation (DF, RKB, RT or Gr.) feet		Elevation of casing hd. flange feet											
Total depth 12147		P.B.T.D. 4802		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						Rotary or cable tools used (interval)						Drilling Contractor							
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) GAMMA RAY & CEMENT BOND LOGS										Date filed									
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"		8 5/8"		40.5		1709		1920									
PRODUCTION		9"		7"		23, 26, & 29		12147		1100									
TUBING RECORD								LINER RECORD											
Size		Depth set		Packer set at		Size		Top		Bottom		Sacks cement		Screen (ft.)					
2 7/8 in.		4629 ft.		4629 ft.		in.		ft.		ft.									
PERFORATION RECORD								ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD											
Number per ft.		Size & type		Depth Interval				Am't. & kind of material used		Depth Interval									
8		4" CG		4740 - 4780				100 SKS		4800 - 4802									
								100 SKS		4725 - 4727									
INITIAL PRODUCTION																			
Date of first production NONE				Producing method (Indicate if flowing, gas lift or pumping—If pumping, show size & type of pump:)															
Date of test		Hrs. tested		Choke size		Oil prod. during test bbls.		Gas prod. during test MCF		Water prod. during test bbls.		Oil gravity ° API (Corr)							
Tubing pressure		Casing pressure		Cal'd rate of Pro- duction per 24 hrs.		Oil bbls.		Gas MCF		Water bbls.		Gas—oil ratio							
Disposition of gas (state whether vented, used for fuel or sold):								For Sour Gas or Oil Amount H ₂ S:				Amount CO ₂ :							
Executed this the <u>11</u> day of <u>OCT</u> , 19 <u>91</u>																			
State of <u>MS</u>																			
County of <u>MARION</u>																			
Before me, the undersigned authority, on this day personally appeared <u>JOHNNIE STRINGER</u> 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 <u>11</u> day of <u>Oct</u> , 19 <u>91</u>																			
SEAL My commission expires <u>My Commission Expires February 10, 1992</u>																			
Notary Public in and for <u>MARION</u> County, <u>MS</u>																			
Casing tests as required by Statewide Rules 11 and 12 must be made.										MISSISSIPPI STATE OIL AND GAS BOARD Form No. 3 A. P. I. Well Number State _____ County _____ Well _____									

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 **Johnnie Stringer Moving and Storage, Inc.** Address **P. O. Box 323; Columbia, MS 39429**
Lease Name **Gwinville Gas Unit 119** Well Number **LSWDW** Field & Reservoir **Wilcox (Salt Water Disposal)**
Location **660' South of N/L & 660' East of W/L of NE 1/4 of NW 1/4, 35 T9N-R19W** Sec.—TWP—Range or Block & Survey

County **Jefferson Davis** Permit number **283/W.O. #17** Date issued **12/7/70** Previous permit number **---** Date issued **---**
Date spudded **1/1/71** Date total depth reached **2/9/71** Date completed, ready to produce **4/26/71** Elevation (DF, RKB, RT or Gr.) feet **514** Elevation of casing hd. flange feet **502**

Total depth **12,582** P.B.T.D. **9700** Single, dual or triple completion? **---** If this is a dual or triple completion, furnish separate report for each completion.
Producing interval (s) for this completion **Salt Water Disposal (4740'-4780')** Rotary or cable tools used (interval) **yes** Drilling Contractor **Singley Workover**

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 completion)
Dual Ind. - Later. Log, Formation Density, CBL

CASINO 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
Conductor	20"	16"	65	60	to surface	---
Surface	12"	10-3/4"	40.5	1709	1920	---
Production	9"	7"	23, 26, 29	12,147	1100	---

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-7/8 in.	4641 ft.	4646 ft.	7" AD in.	ft.	ft.	---	---

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
8	4" Csg. Gun	4740'-4780'

INITIAL PRODUCTION

Date of first production **10-83** Producing method (Indicate if flowing, gas lift or pumping—If pumping, show size & type of pump:) **Salt water disposal**

Date of test	Hrs. tested	Choke size	Oil prod. during test	Gas prod. during test	Water prod. during test	Oil gravity
---	---	---	bbls.	MCF	bbls.	* API (Corr)

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

Disposition of gas (state whether vented, used for fuel or sold): **For Sour Gas or Oil** Amount **11.52** Amount CO₂: **---**

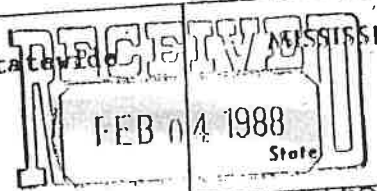
Executed this the **21** day of **January**, 19 **88**
State of **Mississippi**
County of **Marion**

Before me, the undersigned authority, on this day personally appeared **Johnnie Stringer** 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 **12th** day of **January**, 19 **88**
SEAL My commission expires **February 10, 1992**

Notary Public in and for **Marion** County, **Ms**

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



MISSISSIPPI STATE OIL AND GAS BOARD
Form No. 3
A. P. I. Well Number
County
Well

STATE OIL & GAS BOARD

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☐ CHANGE OPERATOR ☒

DATE

NAME OF COMPANY OR OPERATOR

Johnnie Stringer Moving and Storage, Inc.

Address Post Office Box 323

City Columbia

State Mississippi 39429

DESCRIPTION OF WELL

Name of well Gwinville Gas Unit 119 Well number No. 1 SWDW Elevation (ground) 502'

Well location (give footage from section lines) 660' South of North Line and 660' East of West Line; NE 1/4 of NW 1/4, Sec. 35, T9N, R19W

Field & reservoir (If wildcat, so state) N/A County Jefferson Davis County, Mississippi

Check the type of proposed well Oil Gas Other (Name) SWDW

Nearest distance from proposed location to drilling unit line N/A feet

Distance from proposed location to nearest drilling, completed or applied—for well N/A feet

Proposed depth: N/A feet Proposed length of surface casing N/A feet

Approx. date work will start N/A

Number of acres in drilling unit N/A

Name of drilling contractor City State

FOR CHANGE OF OPERATOR ONLY

Signature of former operator required for transfer of well.

Authorized Representative Signature Johnnie Stringer

McArn Trucking, Inc. Name of former operator

NOTE: Notify nearest field office or Jackson office on 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)

This is a change of Operator form. Proper filings have been forwarded to the EPA, Atlanta, Georgia, for this Rule-Authorized Salt Water Disposal Well.

☐ YES ☐ NO Are there separately owned tracts in the drilling unit for which this permit is sought? N/A

☐ YES ☐ NO If so, has the person 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? N/A

Executed this the 27 day of April, 1987.

State of MISSISSIPPI

County of MARION

Signature of Affiant Johnnie Stringer

known to me to be the person whose name is subscribed to the above instrument, and 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 27 day of April, 1987.

Notary Public in and for MARION County, MS

My Commission Expires Feb. 10, 1988

Permit Number:

Approval Date:

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. 4/1984)

A. P. I. Well Number

State

County

Well

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☐ CHANGE OPERATOR ☒

NAME OF COMPANY OR OPERATOR

DATE

Johnnie Stringer Moving and Storage, Inc.

Address Post Office Box 323 City Columbia State Mississippi 39429

DESCRIPTION OF WELL

Name of well Gwinville Gas Unit 119 Well number No. 1 SWDW Elevation (ground) 502'

Well location (give footage from section lines) Section—township—range or block & survey 660' South of North Line and 660' East of West Line; NE $\frac{1}{4}$ of NW $\frac{1}{4}$, Sec. 35, T9N, R19W

Field & reservoir (If wildcat, so state) N/A County Jefferson Davis County, Mississippi

Check the type of proposed well Oil Gas Other (Name) SWDW

Nearest distance from proposed location to drilling unit line Distance from proposed location to nearest drilling, completed or applied—for well

Proposed depth: feet N/A Proposed length of surface casing N/A feet Approx. date work will start N/A

Number of acres in drilling unit N/A Name of drilling contractor Address City State

FOR CHANGE OF OPERATOR ONLY

Signature of former operator required for transfer of well Authorized Representative Signature McArn Trucking, Inc. Name of former operator

NOTE: Notify nearest field office or Jackson office on 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)

This is a change of Operator form. Proper filings have been forwarded to the EPA, Atlanta, Georgia, for this Rule-Authorized Salt Water Disposal Well.

☐ YES ☐ NO Are there separately owned tracts in the drilling unit for which this permit is sought? N/A ☐ YES ☐ NO If so, has the person 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? N/A

Executed this the April day of 1987.

State of MISSISSIPPI

County of

Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Johnnie Stringer 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 April day of 1987.

SEAL

My commission expires

Notary Public in and for

County,

Permit Number: Approval Date: Approved By: Note: 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. 4/1984)

A. P. I. Well Number

State

County

Well

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 **JAMES W. HARRIS PRODUCTION CORP.** Address **1840 Capital Towers, Jackson, Ms.**
 Lease Name **Gwinville Gas Unit 119** Well Number **1** Field & Reservoir **Gwinville-Wash.-Fred**
 Location **660' South of North Line & 660' East of West Line of NE 1/4 NW 1/4 35-9N-19W** Sec.—TWP.—Range or Block & Survey

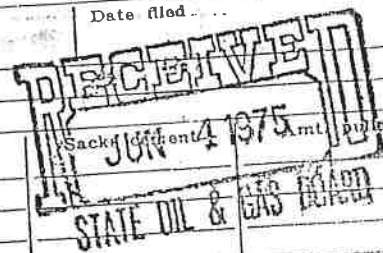
County **Jefferson Davis** Permit number **WO 79** Date Issued **2/5/75** Previous permit number _____ Date Issued _____
 Date spudded _____ Date total depth reached _____ Date completed, ready to produce _____ Elevation (DF, RKB, RT or Gr.) feet _____ Elevation of casing hd. flange feet _____

Total depth **10,680** P.B.T.D. _____ 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 **None** Rotary or cable tools used (interval) _____ Drilling Contractor _____
 Was this well directionally drilled? _____ 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) _____ Date filed _____

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



LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-3/8 in.	10,483 ft.	10,483 Top	in.	ft.	ft.		

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
4	1-1/16" Tub. Jef	10,517-31

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Am't. & kind of material used	Depth Interval
90 sx. Cl. H Cmt	10,517-31

INITIAL PRODUCTION

Date of first production **5/26/75** Producing method (Indicate if flowing, gas lift or pumping—If pumping, show size & type of pump:) **Swabbing**

Date of test	Hrs. tested	Choke size	Oil prod. during test	Gas prod. during test	Water prod. during test	Oil gravity
5/26/75	8	OH	0 bbls.	0 MCF	50 bbls.	* API (Corr)
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil	Gas	Water	Gas-oil ratio
0	0	0	0 bbls.	0 MCF	150 bbls.	

Disposition of gas (state whether vented, used for fuel or sold):

For Sour Gas or Oil Amount H₂S: _____ Amount CO₂: _____

Executed this the **2nd** day of **June** 19 **75**

State of **MISSISSIPPI**
 County of **HINDS**

Wilbur R. Lilly
 Signature of Affiant

Wilbur R. Lilly

Before me, the undersigned authority, on this day personally appeared **Wilbur R. Lilly** 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 **2nd** day of **June** 19 **75**

Lucy M. Ruffin
 Notary Public in and for **Hinds** County, **Mississippi**

SEAL My Commission Expires **June 17, 1978**
 My commission expires _____

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

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

DESIGNATE TYPE OF COMPLETION:

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

DESCRIPTION OF WELL AND LEASE

Operator James W. Harris		Address: P. O. Box 1027, Jackson, Mississippi	
Lease Name Gwinville Gas Unit No. 119-U		Well Number 1	Field & Reservoir Gwinville - 11,100' Paluxy
Location 660' S of N/L & 660' E of W/L of NE$\frac{1}{4}$ of NW$\frac{1}{4}$		Sec.—TWP—Range or Block & Survey 35 - 9N - 19W	
County Jefferson Davis	Permit number 283	Date Issued 12-7-70	Previous permit number --
Date spudded 1-1-71	Date total depth reached 2-9-71	Date completed, ready to produce 4-26-71	Elevation (DF, RKB, RT or Gr.) 514 feet
Total depth 12,582	P.B.T.D. 12,147	Single, dual or triple completion? Triple	
Producing interval (s) for this completion 10,908-918		Rotary tools used (Interval) TD	
Was this well directionally drilled? No	Was directional survey made? --	Was copy of directional survey filed? --	Date filed MAY 06 1971
Type of electrical or other logs run (check logs filed with the commission) Dual Induction-Latero Log (x) Formation Density		Filed by Schlumberger	

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"	10-3/4"	40.5	1709	1920	--
Production	9"	7"		12,147	1100	
Conductor	20"	16"	65	60'	--	--

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
1 1/2 in.	10,862 ft.	10,862 ft.					

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval	Amt. & kind of material used	Depth Interval
4	3 1/8" Shaped Chg.	10,909-19	4,000 gals, 10% Hcl and HF	10,909-19

LINER RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

INITIAL PRODUCTION

Date of first production 4-7-71		Producing method (Indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) Flowing					
Date of test 4-8-71	Hrs. tested 24	Choke size N/64	Oil prod. during test 8 bbls.	Gas prod. during test 2400 MCF	Water prod. during test 0 bbls.	Oil gravity 46 ° API (Corr)	
Tubing pressure 3400	Casing pressure 0	Cal'd rate of Production per 24 hrs. 8 bbls.	Oil 8 bbls.	Gas 2400 MCF	Water 0 bbls.	Gas-oil ratio 137,500/1	

Disposition of gas (state whether vented, used for fuel or sold):

Executed this the 4th day of May, 19 71
 State of Mississippi
 County of Hinds

Wilbur R. Lilly
 Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 4th day of May, 19 71

My Commission Expires June 17, 1974

Lucy M. Ruffin
 Notary Public in and for Hinds
 County, Mississippi

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

MISSISSIPPI STATE OIL AND GAS BOARD
 Well Completion or Recompletion Report and Well Log
 FORM 3 - IOCC P-7

Authorized by Order No. 118-58 Effective November 1, 1958

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: Johnnie Stringer Moving and Storage, Inc. Address: P. O. Box 323; Columbia, MS 39429
 Lease Name: Gwinville Gas Unit 119 Well Number: 1SWDW Field & Reservoir: Wilcox (Salt Water Disposal)
 Location: 660' South of N/L & 660' East of W/L of NE 1/4 of NW 1/4, 35 T9N-R19W Sec.—TWP—Range or Block & Survey
 County: Jefferson Davis Permit number: 283/W.O. #17 Date Issued: 12/7/70 Previous permit number: --- Date Issued: ---
 Date spudded: 1/1/71 Date total depth reached: 2/9/71 Date completed, ready to produce: 4/26/71 Elevation (DF, RKB, RT or Gr.) feet: 514 Elevation of casing hd. flange feet: 502
 Total depth: 12,582 P.B.T.D.: 9700 Single, dual or triple completion? --- If this is a dual or triple completion, furnish separate report for each completion.
 Producing interval (s) for this completion: Salt Water Disposal (4740'-4780') Rotary or cable tools used (interval): yes Drilling Contractor: Singley Workover
 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 Ind. - Later. Log, Formation Density, CBL Date filed: ---

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
Conductor	20"	16"	65	60	to surface	---
Surface	12"	10-3/4"	40.5	1709	1920	---
Production	9"	7"	23, 26, 29	12,147	1100	---

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-7/8 in.	4641 ft.	4646 ft.	7" AD in.	ft.	ft.		

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
8	4" Csg. Gun	4740'-4780'

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Am't. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production: 10-83 Producing method (Indicate if flowing, gas lift or pumping—if pumping, show size & type of pump.): Salt water disposal
 Date of test: --- Hrs. tested: --- Choke size: --- Oil prod. during test: --- Gas prod. during test: --- Water prod. during test: --- Oil gravity: --- * API (Corr)
 Tubing pressure: --- Casing pressure: --- Cal'd rate of Production per 24 hrs.: --- Oil: --- Gas: --- Water: --- Gas-oil ratio: ---
 Disposition of gas (state whether vented, used for fuel or sold): --- For Sour Gas or Oil Amount H₂S: --- Amount CO₂: ---

Executed this the 26 day of January, 19 88.
 State of Mississippi
 County of Marion

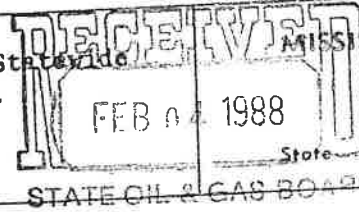
Signature of Affiant: Johnnie Stringer
 Known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this 26 day of January, 19 88.

SEAL
 My commission expires My Commission Expires Feb. 10, 1988

Notary Public in and for MARION
 County, MS

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



MISSISSIPPI STATE OIL AND GAS BOARD
 Form No. 3
 A. P. I. Well Number: ---
 County: --- Well: ---

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☐ CHANGE OPERATOR ☒

NAME OF COMPANY OR OPERATOR

DATE

Johnnie Stringer Moving and Storage, Inc.

Address

Post Office Box 323

City

Columbia

State

Mississippi 39429

DESCRIPTION OF WELL

Name of well

Gwinville Gas Unit 119

Well number

No. 1 SWDW

Elevation (ground)

502'

Well location

(give footage from section lines)

Section—township—range or block & survey

660' South of North Line and 660' East of West Line; NE $\frac{1}{4}$ of NW $\frac{1}{4}$, Sec. 35, T9N, R19W

Field & reservoir (If wildcat, so state)

N/A

County

Jefferson Davis County, Mississippi

Check the type of proposed well Oil _____ Gas _____

Other (Name) SWDW

Nearest distance from proposed location to drilling unit line

N/A

feet

Distance from proposed location to nearest drilling, completed or applied—for well

feet

Proposed depth:

feet

N/A

Proposed length of

surface casing

N/A

feet

Approx. date work will start

N/A

Number of acres in drilling unit

N/A

Name of drilling contractor

Address

City

State

FOR CHANGE OF OPERATOR ONLY

Signature of former operator required for transfer of well.

Authorized Representative Signature

McArn Trucking, Inc.

Name of Former Operator

NOTE: Notify nearest field office or Jackson office on 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)

This is a change of Operator form. Proper filings have been forwarded to the EPA, Atlanta, Georgia, for this Rule-Authorized Salt Water Disposal Well.

RECEIVED

MAY -4 1987

Permittee shall acquire all other permits, if any required by any other permitting authority.

STATE OIL & GAS BOARD

☐ YES ☐ NO Are there separately owned tracts in the drilling unit for which this permit is sought?

N/A

☐ YES ☐ NO

N/A

If so, has the person 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 27 day of April, 1987

State of MISSISSIPPI

County of MARION

Before me, the undersigned authority, on this day personally appeared Johnnie Stringer & Wilford McArn known to me to be the person whose names 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 27 day of April, 1987

SEAL

My commission expires My Commission Expires Feb. 10, 1988

Notary Public in and for MARION County, MS

Permit Number:

C.O. 141 SWDW

Approval Date:

May 4, 1987

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. 4/1984)

A. P. I. Well Number

State

County

Well

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐

WORKOVER ☒

CHANGE OPERATOR ☒

NAME OF COMPANY OR OPERATOR

McArn Trucking, Inc.

DATE

Address

Route 6, Box 296

City

Columbia

State

Mississippi 39429

DESCRIPTION OF WELL

Name of well

Gwinville Gas Unit 119

Well number

1

Elevation (ground)

502'

Well location

(give footage from section lines)

Section—township—range or block & survey

660' South of the North Line and 660' East of West Line NE $\frac{1}{4}$ of NW $\frac{1}{4}$ Sec. 35, TN9N, RG19W

Field & reservoir (If wildcat, so state)

Gwinville

County

Jefferson Davis County, Mississippi

Check the type of proposed well Oil _____ Gas _____ Other (Name) _____

SWDW

Nearest distance from proposed location to drilling unit line

N/A

feet

Distance from proposed location to nearest drilling, completed or applied—for well

N/A

feet

Proposed depth:

4740-4780'

Perforated Interval

Proposed length of

1709

feet

Approx. date work will start

October 1, 1983

Number of acres in drilling unit

N/A

Name of drilling contractor

Triple S Well Service

Address

Box 625

City Columbia

State MS 39429

STATE OIL AND GAS BOARD OFFICES:

P. O. Box 1332
JACKSON, MISS.
Tel. 354-7104

Joe Gable, Jr.
COLUMBUS, MS
Tel. 328-2257

Joe Nester
SOSO, MISS.
Tel. 729-8811

Sidney Roberts
LIBERTY, MISS.
Tel. 657-4582

Percy Quin
COLUMBIA, MISS.
Tel. 736-4390

Tradis West
WAYNESBORO, MISS.
Tel. 648-2550

Alton E. Pate
MEADVILLE, MS
Tel. 384-2904

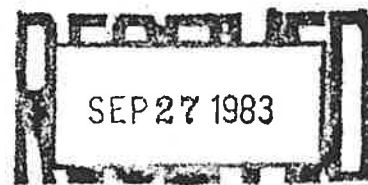
NOTE: Notify nearest field office or Jackson office on dates of spudding and reaching total depth.

Remarks: (If this is an application to workover, briefly describe work to be done, giving present producing zone and expected new producing zone).

This well is to be converted for a Saltwater Disposal Well.

NOTE: This is a closed type saltwater disposal system.

Work Procedure: See attached procedure.



STATE OIL & GAS BOARD

Former Operator: James W. Harris

Doc # 287-83-9

Emergency Order # 376-83

☐ YES ☐ NO Are there separately owned tracts in the drilling unit for which this permit is sought?

N/A

☐ YES ☐ NO

N/A

If so, has the person 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 27th day of September, 1983.

State of MISSISSIPPI

County of HINDS

ZEB F. REEVES

Signature of Affiant

Before me, the undersigned authority, on this day personally appeared _____, 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 27th day of September, 1983.

SEAL

My commission expires August 9, 1986

Notary Public in and for

County, Hinds County, Mississippi

Permit Number:

W.O. 17 SWDW and C.O. # 46 SWDW

Approval Date:

September 28, 1983

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. 8/1977)

A. P. I. Well Number

State

County

Well

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 JAMES W. HARRIS PRODUCTION CORP.		Address 1840 Capital Towers, Jackson, Ms.	
Lease Name Gwinville Gas Unit 119		Well Number 1	Field & Reservoir Gwinville
Location 660' South of North Line & 660' East of West Line NE 1/4 NW 1/4 35-9N-19W			
County Jefferson Davis	Permit number 80	Date Issued 2/5/75	Previous permit number --
Date spudded --	Date total depth reached 11,870	Date completed, ready to produce --	Elevation (DF, RKB, RT or Gr.) feet --
Total depth --	P.B.T.D.	Single, dual or triple completion?	If this is a dual or triple completion, furnish separate report for each completion.
Producing interval (s) for this completion 11,716-36		Rotary or cable tools used (interval)	Drilling Contractor
Was this well directionally drilled?	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)			

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

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-3/8 in.	11,676 ft.	11,676 Top	in.	ft.	ft.		

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval
			Set Bridge Plug at	11,500'

Testing old perfs listed above. Not reperforated.

INITIAL PRODUCTION

Date of first production 3/19/75		Producing method (Indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) Swabbing					
Date of test 3/21-22	Hrs. tested 20	Choke size OH	Oil prod. during test 0 bbls.	Gas prod. during test Show MCF	Water prod. during test 100 bbls.	Oil gravity -- API (Corr)	
Tubing pressure 0	Casing pressure 0	Cal'd rate of Production per 24 hrs.	Oil 0 bbls.	Gas NT MCF	Water 50 bbls.	Gas-oil ratio --	

Disposition of gas (state whether vented, used for fuel or sold):
Flared

For Sour Gas or Oil
 Amount H₂S: Amount CO₂:

Executed this the **2nd** day of **June**, 19 **75**
 State of **MISSISSIPPI**
 County of **HINDS**

Wilbur R. Lilly
 Signature of Affiant

Wilbur R. Lilly 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 **2nd** day of **June**, 19 **75**

SEAL My Commission Expires **June 17, 1978**
 My commission expires

Lucy M. Ruffin
 Notary Public in and for **HINDS**
 County, **MISSISSIPPI**

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

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 ☐

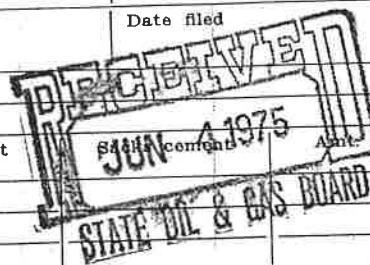
DESCRIPTION OF WELL AND LEASE

Operator JAMES W. HARRIS PRODUCTION CORP.		Address 1840 Capital Towers, Jackson, Ms.	
Lease Name Gwinville Gas Unit 119		Well Number 1	Field & Reservoir 350' Gwinville-11,300' Paluxy
Location 660' South of North Line & 660' East of West Line of NE 1/4 NW 1/4 35-9N-19W			
County Jefferson Davis	Permit number	Date Issued	Previous permit number
Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet
Total depth 11,500	P.B.T.D.	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		Rotary or cable tools used (interval)	Drilling Contractor
Was this well directionally drilled?	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)			Date filed

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



TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-3/8 in.	11,300 ft.	11,300 Top	in.	ft.	ft.		

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval
4	1-1/16 Tubing Jet	11,352-60	500 gals. of 15% HCl	11,352-60

INITIAL PRODUCTION

Date of first production **3/29/75** Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) **Flowing**

Date of test	Hrs. tested	Choke size	Oil prod. during test	Gas prod. during test	Water prod. during test	Oil gravity
4/1/75	24	Adj.	1 bbls.	250 MCF	0 bbls.	- ° API (Corr)
Tubing pressure	Casing pressure	Cal'd rate of Production per 24 hrs.	Oil	Gas	Water	Gas-oil ratio
250	0		1 bbls.	250 MCF	0 bbls.	250 MCF/1

Disposition of gas (state whether vented, used for fuel or sold):
Sold

For Sour Gas or Oil
Amount H₂S:

Amount CO₂:

Executed this the **2nd** day of **June**, 19 **75**
State of **MISSISSIPPI**
County of **HINDS**

Wilbur R. Lilly
Signature of Affiant

Before me, the undersigned authority, on this day personally appeared **Wilbur R. Lilly** 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 **2nd** day of **June**, 19 **75**

Lacey M. Ruffin
Notary Public in and for **Hinds**
Mississippi
County,

SEAL

My Commission Expires June 17, 1978

My commission expires

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

MISSISSIPPI STATE OIL & GAS BOA.
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 JAMES W. HARRIS PRODUCTION CORP.		Address 1840 Capital Towers, Jackson, Ms.	
Lease Name Gwinville Gas Unit 119		Well Number 1	Field & Reservoir Gwinville - 11,970' Paluxy
Location 660' South of North Line & 660' East of West Line of NE 1/4 NW 1/4 35-9N-19W			
County Jefferson Davis	Permit number WO 80	Date Issued 2/5/75	Previous permit number --
Date spudded --	Date total depth reached --	Date completed, ready to produce --	Elevation (DF, RKB, RT or Gr.) feet --
Total depth --	P.B.T.D. 11,870	Single, dual or triple completion? --	If this is a dual or triple completion, furnish separate report for each completion.
Producing interval (s) for this completion 11,716-36; 11,794-806; 11,815-18;		Rotary or cable tools used (interval) 11,827-29; 11,842-44	
Was this well directionally drilled?		Was directional survey made?	Was copy of directional survey filed?
Type of electrical or other logs run (check logs filed with the commission)			

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

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-3/8 in.	11,772 ft.	11,772 Top	in.	ft.	ft.		

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval
			115 sx. Cl. H Cmt.	11,794-806; 11,815-18; 11,827-29; 11,842-44

INITIAL PRODUCTION

Date of first production 3-11 to 3-15-75		Producing method (Indicate if flowing, gas lift or pumping—If pumping, show size & type of pump:) Swabbing					
Date of test 3-11 to 3-15-75	Test size 40	Test type OH	Oil prod. during test 28 bbls.	Water prod. during test 200 bbls.	Oil gravity * API (Corr)		
Tubing pressure 0	Casing pressure 0	Cal'd rate of Production per 24 hrs. 0	Oil 28 bbls.	Gas 28 MCF	Water 200 bbls.	Gas-oil ratio	

Disposition of gas (state whether vented, used for fuel or sold):
Flared

For Sour Gas or Oil Amount H₂S:
 Amount CO₂:

Executed this the **2nd** day of **June**, 19 **75**
 State of **MISSISSIPPI**
 County of **HINDS**

Wilbur R. Lilly
 Signature of Affiant

Before me, the undersigned authority, on this day personally appeared **Wilbur R. Lilly** 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 **2nd** day of **June**, 19 **75**

James M. Ruffin
 Notary Public in and for **Hinds** County, **Mississippi**

SEAL My Commission Expires **June 17, 1978**
 My commission expires

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

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐

WORKOVER ☒

CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR

DATE JUNE 2, 1975

JAMES W. HARRIS PRODUCTION CORPORATION

City

State

Address

1840 Capital Towers, Jackson, Mississippi 39201

DESCRIPTION OF WELL AND LEASE

Name of lease

Gwinville Gas Unit No. 119

Well number

1

Elevation (ground)

502

Well location

(give footage from section lines)

Section—township—range or block & survey

660' South of North Line & 660' East of West Line of NE $\frac{1}{4}$ NW $\frac{1}{4}$ 35-9N-19W

Field & reservoir (If wildcat, so state)

Gwinville-11,350' Paluxy

County

Jefferson Davis

Check the type of proposed well Oil ☐ Gas ☒ Other (Name) _____

Nearest distance from proposed location to drilling unit line

660

feet

Distance from proposed location to nearest drilling, completed or applied—for well

feet

Proposed depth:

feet

Proposed length of

surface casing

feet

Approx. date work will start

Number of acres in drilling unit

Name of drilling contractor

Cornwell Well Service

Address

P. O. Box 273

City

McComb

State

Ms.

STATE OIL AND GAS
BOARD OFFICES:

P. O. Box 181
NATCHEZ, MISS.
Tel. 445-5041

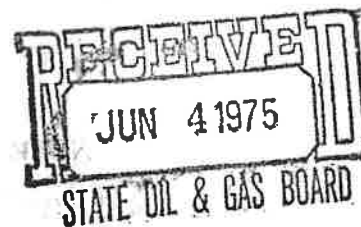
P. O. Box 2782 CS
LAUREL, MISS.
Tel. 428-4044

P. O. Box 1332
JACKSON, MISS.
Tel. 354-7104 or 354-7108

NOTE: Notify nearest field office or Jackson office on dates of spudding and reaching total depth.

Remarks: (If this is an application to workover, briefly describe work to be done, giving present producing zone and expected new producing zone)

It is proposed to set a bridge plug at 11,500 feet and reperforate and test 11,352'-60'.



Executed this the 2nd day of June, 1975
State of MISSISSIPPI
County of HINDS

Wilbur R. Lilly
Signature of Affiant

Wilbur R. Lilly

Before me, the undersigned authority, on this day personally appeared _____ 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 2nd day of June, 1975

Lucy M. Ruffin
Hinds

SEAL

My Commission Expires June 17, 1978

Notary Public in and for

My commission expires _____

County,

Mississippi

Permit Number: _____

Approval Date: _____

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

A P I Well Number

State

County

Well

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 JAMES W. HARRIS PRODUCTION CORP.		Address 1840 Capital Towers, Jackson, Ms.	
Lease Name Gwinville Gas Unit 119		Well Number 1	Field & Reservoir Gwinville-Undefined Wash-Fred.
Location 660' S of North Line & 660' East of West Line of NE $\frac{1}{4}$ NW $\frac{1}{4}$ 35-9N-19W			
County Jefferson Davis	Permit number None	Date issued 1-2-75	Previous permit number ---
Date spudded ---	Date total depth reached ---	Date completed, ready to produce ---	Elevation (DF, RKB, RT or Gr.) --- feet
Total depth 10,680	P.B.T.D. 10,680	Single, dual or triple completion? ---	If this is a dual or triple completion, furnish separate report for each completion.
Producing interval (s) for this completion 10,586-94		Rotary or cable tools used (interval)	Drilling Contractor
Was this well directionally drilled?	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)			Date filed

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

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-3/8 in.	10,550 ft.	10,550 Top	in.	ft.	ft.		
PERFORATION RECORD				ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD			
Number per ft.	Size & type	Depth Interval	Am't. & kind of material used		Depth Interval		
4	1-11/16 Jet	Tubing 10,586-94	90 sx. Cl H Cmt.		10,586-94		

INITIAL PRODUCTION

Date of first production None		Producing method (Indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) Swabbing					
Date of test 1-10-75	Hrs. tested 20	Choke size OH	Oil prod. during test 0 bbls.	Gas prod. during test Show MCF	Water prod. during test 200 bbls.	Oil gravity * API (Corr)	
Tubing pressure 0	Casing pressure 0	Cal'ed rate of Production per 24 hrs.	Oil 0 bbls.	Gas 0 MCF	Water 240 bbls.	Gas-oil ratio	
Disposition of gas (state whether vented, used for fuel or sold):				For Sour Gas or Oil Amount H ₂ S: Amount CO ₂ :			

Executed this the 2nd day of June, 1975

State of MISSISSIPPI

County of HINDS

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 2nd day of June, 1975

SEAL My Commission Expires June 17, 1978

Notary Public in and for Hinds County, Mississippi

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

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐

WORKOVER ☒

CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR

DATE January 31, 1975

JAMES W. HARRIS PRODUCTION CORPORATION

Address 1840 Capital Towers, Jackson, Mississippi 39201

DESCRIPTION OF WELL AND LEASE

Name of lease Gwinville Gas Unit 119 Well number 1 Elevation (ground) 502

Well location (give footage from section lines) 660' South of East Line and 660' East of West Line of NE $\frac{1}{4}$ NW $\frac{1}{4}$ -35-9N-19W

Field & reservoir (If wildcat, so state) Gwinville-Undefined Wash-Fred. County Jefferson Davis

Check the type of proposed well Oil ☐ Gas ☒ Other (Name) _____

Nearest distance from proposed location to drilling unit line 660 feet Distance from proposed location to nearest drilling, completed or applied—for well -- feet

Proposed depth: _____ feet Proposed length of surface casing _____ feet Approx. date work will start 1-29-75

Number of acres in drilling unit _____ Name of drilling contractor Cornwell Well Service P. O. Box 273 Jackson Ms. Address _____ City _____ State _____

STATE OIL AND GAS BOARD OFFICES:

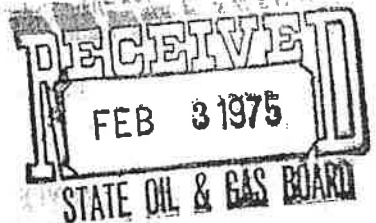
P. O. Box 181
NATCHEZ, MISS.
Tel. 445-5041

P. O. Box 2782 CS
LAUREL, MISS.
Tel. 428-4044

P. O. Box 1332
JACKSON, MISS.
Tel. 354-7104 or 354-7108

NOTE: Notify nearest field office or Jackson office on dates of spudding and reaching total depth.

Remarks: (If this is an application to workover, briefly describe work to be done, giving present producing zone and expected new producing zone)
Squeeze off perforations in undefined Wash.-Fred. Sand at 10,538-48.
Clean well out to 11,900', retest perforations at 11,794-11,806;
11,815-18; 11,827-29; 11,842-44.



Executed this the 31st day of January, 1975.
State of MISSISSIPPI
County of HINDS

Wilbur R. Lilly
Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 31st day of January, 1975

Lucy M. Ruffin

SEAL

My commission expires _____ My Commission Expires June 17, 1978

Notary Public in and for Hinds County, Mississippi

Permit Number: W.O. 80
Approval Date: 2-5-75
Approved By: Quincy R. Hodges JR

MISSISSIPPI STATE OIL AND GAS BOARD

Form No. 2

A P I Well Number

State

County

Well

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 & 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 JAMES W. HARRIS PROD. CORP.		Address 1840 Capital Towers, Jackson, Ms.	
Lease Name Gwinville Gas Unit No. 119		Well Number 1	Field & Reservoir Gwinville-10,700' Wash-Fred.
Location 660' North of South Line & 660' East of West Line of NE$\frac{1}{4}$ NW$\frac{1}{4}$-35-9N-19W			
County Jefferson Davis	Permit number WO 40	Date Issued 10-3-74	Previous permit number --
Date spudded --	Date total depth reached --	Date completed, ready to produce --	Elevation (DF, RKB, RT or Gr.) feet --
Total depth --	P.B.T.D. 10,893	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 10,740-80		Rotary or cable tools used (interval)	Drilling Contractor
Was this well directionally drilled?	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)			Date filed

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

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
			In.	ft.	ft.		
2-3/8" ID	10,780 ft.	10,780-83					

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Amt. & kind of material used	Depth Interval
4	1-11/16 Tub. Jet	10,742-50;	1000 gal. MCA	Same
		10,762-78		

INITIAL PRODUCTION

Date of first production 11/1/74		Producing method (Indicate if flowing, gas lift or pumping—If pumping, show size & type of pump:) Swabbing					
Date of test 11-1-74	Hrs. tested 30	Choke size OH	Oil prod. during test 0 bbls.	Gas prod. during test Show MCF	Water prod. during test 200 bbls.	Oil gravity -- ° API (Corr)	
Tubing pressure 0	Casing pressure 0	Cal'ed rate of Production per 24 hrs. 0	Oil 0 bbls.	Gas 0 MCF	Water 200 bbls.	Gas-oil ratio --	
Disposition of gas (state whether vented, used for fuel or sold):				For Sour Gas or Oil Amount H ₂ S: Amount CO ₂ :			

Executed this the 3rd day of February, 19 75
 State of MISSISSIPPI
 County of HINDS

Wilbur R. Lilly
 Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 3rd day of February, 19 75

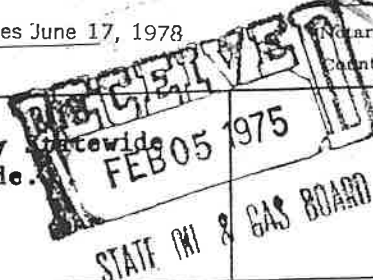
SEAL

My Commission Expires June 17, 1978

My commission expires

Notary Public in and for Hinds
 County, Mississippi

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



APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐WORKOVER ☒CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR

DATE January 31, 1975

JAMES W. HARRIS PRODUCTION CORPORATION

Address

City

State

1840 Capital Towers, Jackson, Mississippi 39201

DESCRIPTION OF WELL AND LEASE

Name of lease

Well number

Elevation (ground)

Gwinville Gas Unit No. 119

1

502

Well location

(give footage from section lines)

Section—township—range or block & survey

660' South of East Line & 660' East of West Line of NE $\frac{1}{4}$ NW $\frac{1}{4}$, Sec. 35-9N-19W

Field & reservoir (If wildcat, so state)

County

Gwinville-10,700' Wash-Fred.

Jefferson Davis

Check the type of proposed well Oil

Gas

X

Other (Name)

Nearest distance from proposed location to drilling unit line

Distance from proposed location to nearest drilling, completed or applied—for well

660

feet

feet

Proposed depth:

Proposed length of

Approx. date work will start

feet

surface casing

feet

Number of acres in drilling unit

Name of drilling contractor

Cornwell Well Service

Address P. O. Box 273

City McComb

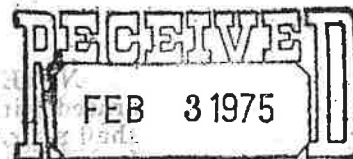
State Miss.

STATE OIL AND GAS
BOARD OFFICES:P. O. Box 181
NATCHEZ, MISS.
Tel. 445-5041P. O. Box 2782 CS.
LAUREL, MISS.
Tel. 428-4044P. O. Box 1332
JACKSON, MISS.
Tel. 354-7104 or 354-7108

NOTE: Notify nearest field office or Jackson office on dates of spudding and reaching total depth.

Remarks: (If this is an application to workover, briefly describe work to be done, giving present producing zone and expected new producing zone)

It is proposed to set a plug in the wireline packer at 10,680' thereby shutting off perforations in the 10,700' Washita-Fredericksburg Gas Pool at 10,742-50 and 10,762-78; perforate 10,538-48 in an undefined Washita-Fredericksburg sand and test.



STATE OIL & GAS BOARD

Executed this the 31st day of January, 1975.
State of MISSISSIPPI
County of HINDS

Wilbur R. Lilly
Signature of Affiant

Wilbur R. Lilly

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly, 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 31st day of January, 1975.

SEAL

My Commission Expires June 17, 1978

Quincy R. Ruffin
Notary Public in and for Hinds
County, Mississippi

Permit Number:

W.O. 79

Approval Date:

2-5-75

Approved By:

Quincy R. Hodges / By [Signature]

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

A P I Well Number

State

County

Well

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

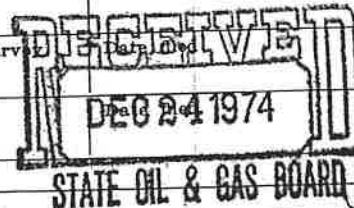
Form No. 3

DESIGNATE TYPE OF COMPLETION:

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

DESCRIPTION OF WELL AND LEASE

Operator JAMES W. HARRIS PROD. CORP.		Address 1840 Capital Towers, Jackson, Ms.	
Lease Name Gwinville Gas Unit No. 119		Well Number 1	Field & Reservoir Gwinville - Paluxy
Location 660' S of North Line & 660' East of West Line		Sec.—TWP—Range or Block & Survey 35-9N-19W	
County Jefferson Davis	Permit number W.O. 40	Date Issued 10-3-74	Previous permit number --
Date spudded --	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet
Total depth 12,603 (Dr1r)	P.B.T.D. 10,900'	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 10,742-50; 10,762-82		Rotary tools used (interval)	Cable tools used (interval)
Was this well directionally drilled? <input type="checkbox"/> Was directional survey made? <input type="checkbox"/>		Was copy of directional survey filed? <input type="checkbox"/>	
Type of electrical or other logs run (check logs filed with the commission)			



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

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2-3/8 in.	10,680 ft.	10,680-84	in.	ft.	ft.		

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval
4	1-11/16 Jet	10,742-50; 10,762-82	36 Bbls. Acid	10,742 & 50; 10,762-82

INITIAL PRODUCTION

Date of first production		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:) Swabbing Salt Water with show of gas				
Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity • API (Corr)
Tubing pressure	Casing pressure	Cal'ted rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas—oil ratio

Disposition of gas (state whether vented, used for fuel or sold):

Executed this the 23 day of December, 19 74
 State of MISSISSIPPI
 County of HINDS

Wilbur R. Lilly
 Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 23 day of December, 19 74

J. M. Ruffin
 Notary Public in and for Hinds
 County, Mississippi

SEAL
 My commission expires June 17, 1978

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

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

DATE December 23, 1974

NAME OF COMPANY OR OPERATOR

JAMES W. HARRIS PRODUCTION CORPORATION

Address 1840 Capital Towers City Jackson, Mississippi 39201 State

DESCRIPTION OF WELL AND LEASE

Name of lease Gwinville Gas Unit No. 119 Well number 1 Elevation (ground) 501
 Well location (give footage from section lines) Section—township—range or block & survey
 660' South of North Line and 660' East of West Line of NE $\frac{1}{4}$ NW $\frac{1}{4}$ 35-9N-19W
 Field & reservoir (If wildcat, so state) County
 Gwinville Jefferson Davis

Check the type of proposed well Oil ☐ Gas ☒ Other (Name) _____
 Nearest distance from proposed location to drilling unit line Distance from proposed location to nearest drilling, completed or applied—for well
 660 feet 350 feet

Proposed depth: _____ feet Proposed length of surface casing _____ feet Approx. date work will start December 23, 1974
 Number of acres in drilling unit 320 Name of drilling contractor Cornwell Well Service
 Address P. O. Box 273 City Summit State Ms.

STATE OIL AND GAS
BOARD OFFICES:

P. O. Box 181
NATCHEZ, MISS.
Tel. 445-5041

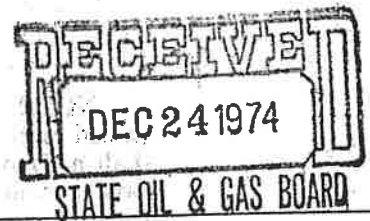
P. O. Box 2782 CS
LAUREL, MISS.
Tel. 428-4044

P. O. Box 1332
JACKSON, MISS.
Tel. 354-7104 or 354-7108

NOTE: Notify nearest field office or Jackson office on dates of spudding and reaching total depth.

Remarks: (If this is an application to workover, briefly describe work to be done, giving present producing zone and expected new producing zone)

Set a packer plug in wireline packer at 10,680 shutting off perforations at 10,742-50 and 10,762-82. Dump 3 sacks of sand and 3 sacks of cement on plug. Perforate unidentified Washita-Fredericksburg sand at 10,586-94 and test.



Executed this the 23 day of December, 1974.
 State of Mississippi
 County of Hinds

Wilbur R. Lilly
Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 23 day of December, 1974.

SEAL My Commission Expires June 17, 1978
 My commission expires _____

Lucy M. Ruffin
Notary Public in and for Hinds
 County, Mississippi

Permit Number 1-2-25
 Approval Date
 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

A P I Well Number

State

County

Well

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR

DATE

James W. Harris Production Corporation

October 1, 1974

Address

1840 Capital Towers

City
Jackson, Mississippi 39201

DESCRIPTION OF WELL AND LEASE

Name of lease

Gwinville Gas Unit 119

Well number

#1

Elevation (ground)

504' KB

Well location

(give footage from section lines)

Section—township—range or block & survey

660' South of North Line & 660' East of North Line of NE $\frac{1}{4}$ NW $\frac{1}{4}$ 35-9N-19W

Field & reservoir (If wildcat, so state)

Gwinville-10,500' Wash-Fred

County

Jefferson Davis

Check the type of proposed well Oil

Gas ☒

Other (Name)

Nearest distance from proposed location to drilling unit line

Distance from proposed location to nearest drilling, completed or applied—for well

660

feet

300

feet

Proposed depth:

feet

Proposed length of

surface casing

feet

Approx. date work will start

October 5, 1974

Number of acres in drilling unit

320

Name of drilling contractor

Dapsco

Address

P. O. Box 928

City Laurel

State

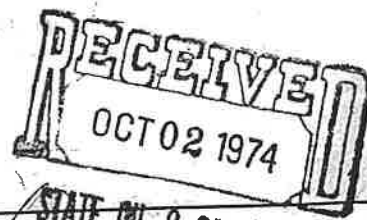
Ms.

STATE OIL AND GAS
BOARD OFFICES:P. O. Box 181
NATCHEZ, MISS.
Tel. 445-5041P. O. Box 2782 CS
LAUREL, MISS.
Tel. 428-4044P. O. Box-1332
JACKSON, MISS.
Tel. 354-7104 or 354-7108

NOTE: Notify nearest field office or Jackson office on dates of spudding and reaching total depth.

Remarks: (If this is an application to workover, briefly describe work to be done, giving present producing zone and expected new producing zone)

It is proposed to squeeze perforations at 10,517'-31'. Set Bridge Plug at 10,880'. Perforate 10,742-50' and 10,762-78' and test.



Executed this the 1st day of October, 1974

State of MISSISSIPPI

County of HINDS

Signature of Affiant

James W. Harris

known to me to

Before me, the undersigned authority, on this day personally appeared _____, 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 1st day of October, 1974

SEAL

My commission expires June 17, 1978

Notary Public in and for Hinds
County, Mississippi

Permit Number

W. O. 40

Approval Date

10-3-74

Approved By

Quincy E. Hodges/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

A P I Well Number

State

County

Well

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐WORKOVER ☒CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR

DATE September 4, 1974

JAMES W. HARRIS PRODUCTION CORPORATION

Address

City

State

1840 Capital Towers

Jackson, Mississippi

DESCRIPTION OF WELL AND LEASE

Name of lease

Well number

Elevation (ground)

GWINVILLE GAS UNIT NO. 119

1

501

Well location

(give footage from section lines)

Section—township—range or block & survey

660' S of N/L & 660' E of W/L of NE 1/4 NW 1/4

35-9N-19W

Field & reservoir (If wildcat, so state)

County

Gwinville-Washita-Fredericksburg

Jefferson Davis

Check the type of proposed well Oil ☐ Gas ☐ Other (Name) _____

Nearest distance from proposed location to drilling unit line

Distance from proposed location to nearest drilling, completed or applied—for well

660

feet

350

feet

Proposed depth:

Proposed length of

Approx. date work will start

feet

surface casing

feet

September 5, 1974

Number of acres in drilling unit

320

Name of drilling contractor

DAPSCO

Address P. O. Box 928

City Laurel

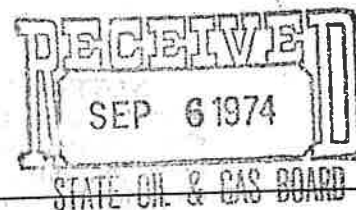
State Ms.

STATE OIL AND GAS
BOARD OFFICES:P. O. Box 181
NATCHEZ, MISS.
Tel. 445-5041P. O. Box 2782 CS
LAUREL, MISS.
Tel. 428-4044P. O. Box 1332
JACKSON, MISS.
Tel. 354-7104 or 354-7108

NOTE: Notify nearest field office or Jackson office on dates of spudding and reaching total depth.

Remarks: (If this is an application to workover, briefly describe work to be done, giving present producing zone and expected new producing zone)

It is proposed to set a packer plug in the wireline - set packer at 10,680' thereby shutting off perforations at 10,908-18. The existing perforations at 10,520' to 34' will be cement squeezed and the zone reperforated and tested.



Executed this the 4 day of September, 1974
 State of MISSISSIPPI
 County of HINDS

Wilbur R. Lilly
 Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 4 day of September, 1974

SEAL

My commission expires June 17, 1978

Quincy R. Hodges
 Notary Public in and for Hinds
 County, Mississippi

Permit Number:

Approval Date:

Approved Quincy R. Hodges/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

A P I Well Number

State

County

Well

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 James W. Harris Production Corp.		Address 1840 Capital Towers, Jackson, Ms.	
Lease Name Gwinville Gas Unit 119		Well Number 1	Field & Reservoir 10,700' W-F
Location 660' S of N/L & 660' E of W/L of NE$\frac{1}{4}$ of NW$\frac{1}{4}$		Sec.—TWP—Range or Block & Survey 35-9N-19W	
County Jefferson Davis	Permit number WO 193	Date Issued 5-24-73	Previous permit number --
Date started 5/25/73	Date total depth reached	Date completed, ready to produce --	Elevation (DF, RKB, RT or Gr.) feet 10,800'
Total depth 11,300	P.B.T.D. 11,300	Single, dual or triple completion? --	If this is a dual or triple completion, furnish separate report for each completion.
Producing interval (s) for this completion Washita-Fredericksburg 10,514-10,538		Rotary tools used (interval) --	Cable tools used (interval) --
Was this well directionally drilled?	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) --			Date filed --

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

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 in.	10,418 ft.	10,418 (Top)	in.	ft.	ft.		

PERFORATION RECORD		ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD	
Number per ft.	Size & type	Depth Interval	Am't. & kind of material used
14	3 1/8 csg.	jet 10,517-31	

INITIAL PRODUCTION

Date of first production 6-1-73		Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump): Flowing			
Date of test 6-6-73	Hrs. tested 24	Choke size Adj.	Oil prod. during test 14 bbls.	Gas prod. during test 2600 MCF	Water prod. during test 0 bbls.
Tubing pressure 3200	Casing pressure 0	Cal'd rate of Production per 24 hrs.	Oil 14 bbls.	Gas 2600 MCF	Water 0 bbls.
Disposition of gas (state whether vented, used for fuel or sold): Sold		Oil gravity ? ° API (Corr)			
Gas-oil ratio 185,700/1					

Executed this the **24** day of **July**, 19**73**
 State of **Mississippi**
 County of **Hinds**

Wilbur R. Lilly
 Signature of Affiant

Wilbur R. Lilly 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 **July**, 19**73**

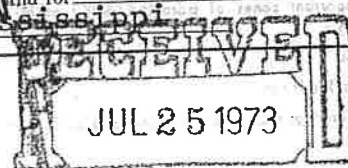
Lucy M. Ruffin
 Notary Public in and for **Hinds**

SEAL

My commission expires **June 17, 1974**

Notary Public in and for
 County, **Mississippi**

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



STATE OIL & GAS BOARD

PACKER LEAKAGE TEST

Field Name

Gwinville

County

Jefferson Davis

Operator

Address

James W. Harris Production Corporation, 1840 Capital Towers, Jackson, Ms.

Lease

Well Number

Location

Gwinville Gas Unit 119

1

660' SNL & 660' EWL NE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 35-9N-19W

TEST NO. 1

Well Shut In Date	Time	Completion Producing (Indicate Casing or Tubing)	Reservoir (Indicate Casing or Tubing)	Completion Shut In During Test (P.S.I.)	Reservoir
6-14-73	8:00 A.	M. Tubing (Upper)	10,700 10,800 W.F. Tubing (Lower)		11,100 Pa1.

DATA ON PRODUCING COMPLETION

Stabilized Shut In Pressure Prior to Test (P.S.I.)	Producing Completion—Well Opened Date	Time	Choke Size (Inches)	Stabilized Flowing Pressure During Test (P.S.I.)
3800	6-14-73	10:30 A. M.	Adj.	3200
Time Required For Stabilization of Flowing Pressure (Hrs)	Stabilized Shut In Pressure At End of Test (P.S.I.)	Time Required For Obtaining This Stabilized Shut In Pressure (HRS)		
1/2 hr.	3800	1 hr.		

DATA ON SHUT IN COMPLETION

Stabilized Shut In Pressure Prior To Test (P.S.I.)	Shut In Pressure During Test: Minimum (P.S.I.)	Maximum (P.S.I.)	Stabilized Shut In Pressure at the End of Test: (P.S.I.)	
0	0	0	0	
Length of Time Required For Obtaining Stabilized Pressure at End of Test (HRS.)	Maximum Pressure Change of Shut-In Completion During Test Increase (P.S.I.)	Decrease (P.S.I.)		
0	0	0		

TEST NO. 2

Well Shut In Date	Time	Completion Producing (Indicate Casing or Tubing)	And	Completion Shut In (Indicate Casing or Tubing)
6-14-73	8:00 A. M.	Tubing (Lower)	Same Well-Bore as Test No. 1 But With:	Tubing (Upper)

DATA ON PRODUCING COMPLETION

Stabilized Shut In Pressure Prior to Test (P.S.I.)	Producing Completion—Well Opened: Date	Time	Choke Size (Inches)	Stabilized Flowing Pressure During Test (P.S.I.)
0	6-14-73	4:00 P. M.	Adj.	0
Time Required for Stabilization of Flowing Pressure (HRS)	Stabilized Shut In Pressure at End of Test (P.S.I.)	Time Required for Obtaining This Stabilized Shut In Pressure (HRS)		
0	0	0		

DATA ON SHUT IN COMPLETION

Stabilized Shut In Pressure Prior to Test (P.S.I.)	Shut In Pressure During Test: Minimum (P.S.I.)	Maximum (P.S.I.)	Stabilized Shut In Pressure At The End of Test (P.S.I.)	
3800	3800	3800	3800	
Length of Time Required For Obtaining Stabilized Pressure at End of Test (Hrs)	Maximum Pressure Change of Shut In Completion During Test: Increase (P.S.I.)	Decrease (P.S.I.)		
0	0	0		
Class of Completion Testing, Whether Oil Well or Gas Well: Tubing	Was The	Notified of Test 24 Hours Prior to The Shut In of Both Completions At The Start of Test (Yes or No)		
Gas	xxxxx Tubing (Upper)			

Executed this the 31 day of August, 1973
 State of MISSISSIPPI
 County of HINDS

Wilbur R. Lilly
 Signature of Affiant

Wilbur R. Lilly

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 31 day of August, 1973

SEAL

My commission expires June 17, 1974

Notary Public in and for HINDS
 County, MISSISSIPPI

has

The undersigned representative of the (witnessed and/or checked) the foregoing test.



Representative

MISSISSIPPI STATE OIL AND GAS BOARD

Packer Leakage Test

FORM 6-c - IOCC P-5

Authorized by Order No. 118-58

Effective November 1, 1958

PACKER SETTING REPORT

I, Wilbur R. Lilly, being of lawful age and having full knowledge of the facts hereinbelow set out do state:
Name of party making affidavit
 That I am employed by James W. Harris Prod. in the capacity of Vice-President
Corporation
 that on June 4, 19 73 I personally supervised the setting of a Guiberson RH-2
Make & type of packer
 in James W. Harris Production Corporation - Gwinville Gas Unit 119
Operator of well Lease name
 Well no. 1 located in the Gwinville field, Jefferson Davis
 county, state of Mississippi, at a subsurface depth of 10,418 feet,
 said depth measurement having been furnished me by Deepwell Service Co. & John A. Allen;
 That the purpose of setting this packer was to effect a seal in the annular space between two strings of pipe where the packer was set so as to
 prevent the commingling, in the bore of this well, of fluids produced from a stratum below the packer with fluids produced from a stratum above
 the packer; that this packer was properly set and that it did, when set, effectively and absolutely seal off the annular space between the two
 strings of pipe where it was set in such manner as that it prevented any movement of fluids across the packer.

Executed this the 31 day of August, 19 73
 State of MISSISSIPPI
 County of HINDS

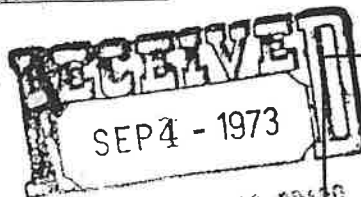
Wilbur R. Lilly
 Signature of Affiant

Before me, the undersigned authority, on this day personally appeared Wilbur R. Lilly 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 31 day of August, 19 73

Lucy M. Ruffin
 Notary Public in and for HINDS
 County, MISSISSIPPI

SEAL
 My commission expires June 17, 1974



MISSISSIPPI STATE OIL AND GAS BOARD

Packer Setting Report
 FORM 6-b - IOCC P-4

Authorized by Order No. 118-58

Effective November 1, 1958