

WELL NAME: U S A # 2 - 5 C

COUNTY: FRANKLIN

FIELD: S. MILLS BRANCH

SECTION. 2 TWN. 5 N RANGE 2 E

LAT. 31.4317 LONG. -90.98968

API # 23-037-20676

BASE OF USDW: 2020'

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

211624

NAME OF COMPANY OR OPERATOR GRM, LLC		STATE MS	ZIP 39121	DATE 3/1/16
ADDRESS P.O. Box 491		CITY Natchez	TELEPHONE 601-431-9889	
NAME OF WELL USA		WELL NO. 2-5C	ELEVATION (GROUND) 	
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 1655' FNL & 330' FWL, Section 2		SECTION - TOWNSHIP - RANGE SECT. 2, T5N, R2E		
FIELD & RESERVOIR (IF VALID CAT, SO STATE) SECTION 2 TOWNSHIP 5N RANGE 2E		LATITUDE - LONGITUDE (NEW WELLS) (dd.mm.sss) 		
S. Mills Branch, 1st Wilcox		APPROX. DATE WORK BEGINS 		
APPROX. DATE WORK BEGINS 		DISTANCE FROM PROPOSED LOCATION TO NEAREST 		

NOTICE: PRIOR TO BEGINNING WORK NOTIFY OIL AND GAS INSPECTOR
ROBERT LAIRD
601-906-2599

PROPOSED DEPTH 4810 FEET	PROPOSED LENGTH OF SURFACE CASING 402 FEET	NUMBER OF ACRES IN RILLING UNIT 40 ACRES
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NAME OF DRILLING CONTRACTOR

ADDRESS

CITY

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

AUTHORIZED REPRESENTATIVE SIGNATURE
[Signature]

NAME OF FORMER OPERATOR
Black Jack Oil Company, Inc.

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 601-576-4900

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

Change of Operator Effective March 1, 2016
From: Black Jack Oil Company, Inc., P.O. Box 214, Sibley, MS 39165
TO: GRM, LLC, P.O. Box 491, Natchez, MS 39121

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
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EXECUTED THIS THE 14th DAY OF March 2016

STATE OF MISSISSIPPI

COUNTY OF ADAMS

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED Tim Morrison KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBER 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 SET FORTH THEREIN, AND THAT SAID REPORT IS TRUE AND CORRECT.

SUBSCRIBER SWORN TO BEFORE ME THIS 14th DAY OF March 2016

SEAL

Signature Elizabeth R. Hall

NOTARY PUBLIC IN AND FOR MISSISSIPPI

COUNTY ADAMS

MY COMMISSION EXPIRES Nov. 17, 2017

PERMIT NUMBER 2017-COP-004

APPROVAL DATE 7/19/2016

APPROVED BY [Signature]

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

MISSISSIPPI STATE OIL AND GAS BOARD
FORM 2 (Rev. 5/10)
A.P.I. WELL NUMBER
STATE 23 WELL 037 20676

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR

☒ CHANGE OPERATOR

☐ APPLICATION TO DRILL

☐ WORKOVER

120218

NAME OF COMPANY OR OPERATOR Black Jack Oil Co. Inc.		DATE 2/21/99
ADDRESS P.O. Box 214	CITY Sibley	STATE MS
ZIP 39165		TELEPHONE 601-442-2620
NAME OF WELL USA	WELL NO. 2-5C	ELEVATION (GROUND)
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 1655' from North line and 330' from West line, Section 2.		CIRCLE TYPE OF PROPOSED WELL <input checked="" type="radio"/> OIL <input type="radio"/> GAS OTHER (NAME)
SECTION 2	TOWNSHIP 5N	RANGE 2E
FIELD & RESERVOIR (IF WILDCAT, SO STATE) S. Mills Branch - 1st Wilcox		COUNTY Franklin
PROPOSED DEPTH 4810 FEET	PROPOSED LENGTH OF SURFACE CASING 402 FEET	NUMBER OF ACRES IN DRILLING UNIT 40 ACRES
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 		

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

AUTHORIZED REPRESENTATIVE SIGNATURE
Deborah H. Carlin TREASURER

NAME OF FORMER OPERATOR
CHAS. F. HAYES & ASSOC., INC.

DATE REQUESTED

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

RECEIVED
FEB 24 1999
STATE OIL & GAS BOARD

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	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
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EXECUTED THIS THE **25TH** DAY OF **FEBRUARY** 19 **99**

STATE OF **MISSISSIPPI**

COUNTY OF **HINDS**

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED **Kevin L. Wilson** KNOWN 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 HAS KNOWLEDGE OF THE FACTS STATED THEREIN, AND THAT SAID REPORT IS TRUE AND CORRECT.

SUBSCRIBED AND SWORN TO BEFORE ME THIS **25TH** DAY OF **FEBRUARY** 19 **99**

SEAL

NOTARY PUBLIC IN AND FOR **HINDS** COUNTY **MISSISSIPPI**

MY COMMISSION EXPIRES **8-6-02**

PERMIT NUMBER **2000COP048**

APPROVAL DATE **7-20-99**

APPROVED BY **GAB**

NOTICE: BEFORE SENDING THIS FORM BE SURE THAT ALL INFORMATION REQUESTED IS GIVEN. 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 **037** WELL **20676**

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☒ CHANGE OPERATOR ☐

NAME OF COMPANY OR OPERATOR Chas. F. Hayes & Associates, Inc.		DATE August 22, 1989	
ADDRESS P. O. Box 14045	CITY Jackson	STATE MS	ZIP 39236-4045
NAME OF WELL U.S.A. 2-5C	WELL NUMBER 2-5C	ELEVATION (GROUND) 477' DF	TELEPHONE (601) 981-0225
WELL LOCATION (WHEN POSSIBLE, GIVE FOOTAGE FROM SECTION LINES) 1655' from North Line & 330' from West Line		CHECK THE TYPE OF PROPOSED WELL OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	
SECTION 2 T 5N R 2E		OTHER (NAME) _____	
FIELD & RESERVOIR (IF WILDCAT, SO STATE) South Mills Branch/First Wilcox		APPROXIMATE DATE WORK WILL START 8/22/89	
PROPOSED DEPTH: 4810 FEET	PROPOSED LENGTH OF SURFACE CASING: 384 FEET	NUMBER OF ACRES IN DRILLING UNIT 40	DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED FOR WELL 330 FEET
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING UNIT LINE 1150 FEET			

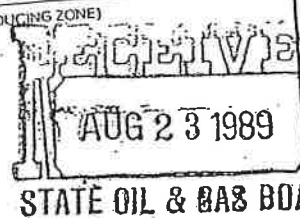
NAME OF DRILLING CONTRACTOR _____	CITY _____	STATE _____
ADDRESS _____		
FOR CHANGE OF OPERATOR ONLY SIGNATURE OF FORMER OPERATOR REQUIRED FOR TRANSFER OF WELL _____	NAME OF FORMER OPERATOR _____	
AUTHORIZED REPRESENTATIVE SIGNATURE _____		DATE APPROVED _____

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

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)

Repair casing leak 4707.5-4409.5'



YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> ARE THERE SEPARATELY OWNED TRACTS IN THE DRILLING UNIT FOR WHICH THIS PERMIT IS SOUGHT?	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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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EXECUTED THIS THE 22nd DAY OF August 19 89	SIGNATURE OF ADJUTANT <i>Chas. F. Hayes</i>
STATE OF Mississippi	KNOWN TO ME TO
COUNTY OF Hinds	CHAS. F. HAYES
BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____	
THAT HE HAS KNOWLEDGE OF THE FACTS STATED THEREIN, AND THAT SAID REPORT IS TRUE AND CORRECT.	
SUBSCRIBED AND SWORN TO BEFORE ME THIS 22nd DAY OF August 19 89	<i>Deborah H. Carlin</i>
SEAL	NOTARY PUBLIC IN AND FOR Hinds
MY COMMISSION EXPIRES 8/7/90	COUNTY Mississippi

MISSISSIPPI STATE OIL AND GAS BOARD

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

STATE _____ COUNTY _____ WELL _____

PERMIT NUMBER 8-25-89
APPROVAL DATE <i>[Signature]</i>
APPROVED BY _____
NOTICE BEFORE SENDING IN THIS FORM BE SURE THAT YOU HAVE GIVEN ALL INFORMATION REQUESTED

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☐ WORKOVER ☐ CHANGE OPERATOR ☒

DATE

NAME OF COMPANY OR OPERATOR

CHAS. F. HAYES & ASSOCIATES, INC.

August 31, 1984

State

Address SUITE 380 111 CAPITOL BUILDING, 111 EAST CAPITOL STREET, JACKSON, MISSISSIPPI 39201

DESCRIPTION OF WELL

Name of well

U. S. A. 2-5C

Well number

2-5C

Elevation (ground)

477' DF

Well location

1655' FROM NORTH LINE AND 330' FROM WEST LINE, SECTION 2, T5N-R2E, FRANKLIN

Field & reservoir (if wildcat, so state) SOUTH MILLS BRANCH (FIRST WILCOX)

Check the type of proposed well ☒ Oil ☐ Gas

Nearest distance from proposed location to drilling unit line

330'

SEP 12 1984

Proposed depth:

4,800 feet

Proposed length of

surface casing

Number of acres in drilling unit

40 ACRES

Address

STATE OIL AND GAS BOARD OFFICES:

JACKSON, MISSISSIPPI

TEL. 354-2104

TEL. 328-2257

TEL. 328-2257

TEL. 328-2257

TEL. 328-2257

TEL. 328-2257

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

Remarks: (If this is an application for workover, briefly describe work to be done, giving present producing zone and extent of proposed production zone)

CHANGE OF OPERATOR - CHAS. F. HAYES & ASSOCIATES, INC., WILL ASSUME OPERATIONS AT 7:00 AM SEPTEMBER 1, 1984
FORMER OPERATOR - HAYES PETROLEUM, INC., WILL CEASE OPERATIONS AT 7:00 A.M., SEPTEMBER 1, 1984

☐ YES ☒ NO Are there separately owned interests in the drilling unit which this permit is sought for? If YES, the person owning the drilling rights in said tracts which this permit is sought for shall have the right to share in the production therefrom agreed to in writing by the owner of the drilling unit and to the drilling unit and to the drilling unit and to the drilling unit.

Executed this the 31st day of August, 1984, at JACKSON, MISSISSIPPI, County of HINDS. Chas. F. Hayes, Signature of Affiant

Before me, the undersigned authority, on this day personally appeared CHAS. F. HAYES, known to me to be the person whose name is subscribed to the above instrument, and that said report is true and correct.

Subscribed and sworn to before me this 31st day of August, 1984, at HINDS, MISSISSIPPI. Notary Public in and for HINDS, MISSISSIPPI.

SEAL My commission expires 11/20/85
Permit Number: C-90
Approval Date: 9-12-84
Approved 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 (Rev. 8/1977)

A. P. I. Well Number

State

County

Well

WELL COMPLETION OR RECOMPLETION REPORT

DESIGNATE TYPE OF COMPLETION:

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

DESCRIPTION OF WELL AND LEASE

Operator: **HAYES PETROLEUM, INC.**
 Address: **1908 Deposit Guaranty Plaza, Jackson, Ms.**
 Lease Name: **U.S.A.**
 Well Number: **2-5C**
 Field & Reservoir: **S. Mills Branch First Wilcox**
 Sec.—TWP—Range or Block & Survey:

Location: **1,655' from North Line and 330' from West Line, Section 2, T5N-R2E**
 County: **Franklin**
 Date spudded: **6/22/75**
 Total depth: **4810'**
 Permit number: **429**
 Date total depth reached: **6/25/75**
 Date issued: **5/16/75**
 Date completed, ready to produce: **7/6/75**
 Previous permit number:
 Elevation (DF, RKB, RT or Gr.) feet: **477**
 Elevation of casing hd. flange feet:
 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: **4407.5 to 4409.5'**
 Rotary or cable tools used (interval): **Rotary - Entire**
 Drilling Contractor: **D & D Drilling Company**
 Was this well directionally drilled? **no**
 Was directional survey made?
 Was copy of directional survey filed?
 Type of electrical or other logs run (check logs filed with the commission):
Induction Electric Log, Gamma Ray and Bond Log

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)						
Purpose	Size hole drilled	Size casing set	Weight (lb./ft.)	Depth set	Sacks cement	Amt. pulled
Surface	12 1/4"	8 5/8"	20#	402'	225	none
Production	7 7/8"	5 1/2"	15.50#	4581'	250	none

TUBING RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
2 7/8 in.	4296'	4272'	in.				

PERFORATION RECORD

Number per ft.	Size & type	Depth Interval
4	Hyperdome	4407.5 - 4409.5'

INITIAL PRODUCTION

Date of first production: **July 6, 1975**
 Producing method (Indicate if flowing, gas lift or pumping—If pumping, show size & type of pump): **Pumping**
 Date of test: **7/6/75**
 Hrs. tested: **24**
 Choke size: **7.25/64th**
 Oil prod. during test: **85 bbls.**
 Gas prod. during test: **17 MCF**
 Water prod. during test: **none bbls.**
 Oil gravity: **30 ° API (Corr)**
 Tubing pressure: **350#**
 Casing pressure:
 Cal'd rate of Production per 24 hrs.: **85**
 Oil
 Gas: **17 MCF**
 Water: **.2% bbls.**
 Gas-oil ratio: **200 to 1**
 Disposition of gas (state whether vented, used for fuel or sold):
 For Sour Gas or Oil
 Amount H₂S:
 Amount CO₂:

Fuel

Executed this the **10th** day of **July**
 State of **MISSISSIPPI**
 County of **HINDS**

19 **75**
Chas. F. Hayes
 Signature of Affiant

CHAS. F. HAYES

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.

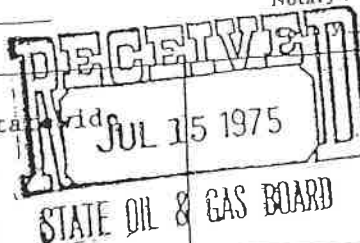
Subscribed and sworn to before me this **10th** day of **July**

19 **75**
Fatsy S. Wilson
 Notary Public in and for **Hinds**

SEAL
 My commission expires **12/2/77**

Mississippi

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



23 - 037 - 20676

APPLICATION FOR PERMIT TO DRILL, WORKOVER OR CHANGE OPERATOR

APPLICATION TO DRILL ☒

WORKOVER ☐

CHANGE OPERATOR ☐

DATE

NAME OF COMPANY OR OPERATOR

HAYES PETROLEUM, INC.

MAY 14, 1975

State

MISSISSIPPI 39201

Address

1908 DEPOSIT GUARANTY PLAZA

City

JACKSON,

DESCRIPTION OF WELL AND LEASE

Elevation (ground)

Name of lease

U.S.A.

Well number

2-5C

Well location

1,655' FROM NORTH LINE & 330' FROM WEST LINE

Section—township—range or block & survey

SECTION 2, T5N-R2E

Field & reservoir (If wildcat, so state)

SOUTH MILLS BRANCH

County

FRANKLIN

Check the type of proposed well Oil ☒ Gas

Other (Name)

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

1,150 feet

Nearest distance from proposed location to drilling unit line

330 feet

Proposed depth:

4,800 feet

Proposed length of surface casing

384 feet

Approx. date work will start

JUNE 1, 1975

Number of acres in drilling unit

40

Name of drilling contractor

P.O. BOX 351

City

FERRIDAY

State

LOUISIANA

Address

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

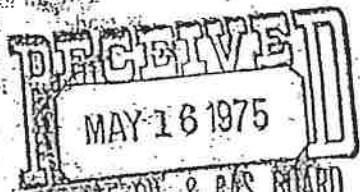
P. O. Box 2782 CS
LAUREL, MISS.
Tel. 428-4044

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

STATE OIL AND GAS BOARD OFFICES:

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)



Executed this the 14 day of MAY

State of MISSISSIPPI

County of HINDS

19 75

Chas F Hayes

Signature of Affiant

CHAS. F. HAYES

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 14 day of MAY

Patsy Wilson

Notary Public in and for HINDS

County, MISSISSIPPI

SEAL My Commission Expires Dec. 2, 1977

My commission expires

Permit Number

429
5-16-75

Approval Date

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

County

Well

State

23

037

20676

43

44

T6N-R2E
T5N-R2E

32
HAYES
USA
LARUE SMITH
USA
SILAR & PHILLIPS
USA

32
HAYES
USA

350
SMITH
USA
Locations
USA 2-5C
SW NW GRIFFIN
USA 40Ac

ANDERSON

WELL LOCATION
FOR
HAYES PETROLEUM, INC.
SECTION 2, T. 5 N.—R. 2 E.
FRANKLIN COUNTY, MISSISSIPPI



UNIT

RECEIVED
MAY 16 1975
STATE OIL & GAS BOARD

BY
ENGINEERING SERVICE — JACKSON, MISSISSIPPI

