

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address GOTHIC PRODUCTION CORPORATION 5727 SOUTH LEWIS AVENUE, SUITE 700 TULSA, OKLAHOMA 74105		² OGRID Number 16980
		³ Reason for Filing Code NW
⁴ API Number 30-0 05-63197	⁵ Pool Name PECOS SLOPE, ABO	⁶ Pool Code 82730
⁷ Property Code 23554	⁸ Property Name MCCLELLAN MOC FED	⁹ Well Number 17

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
J	30	5S	25E		2475	S	1495	E	CHAVBS

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lsc Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID 147821 14781	¹⁹ Transporter Name and Address AGAVE	²⁰ POD 2824198	²¹ O/G G	²² POD ULSTR Location and Description

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IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date 7/5/99	²⁶ Ready Date 8/15/99	²⁷ TD 4200	²⁸ PBTD 4159	²⁹ Perforations 3692-3869	³⁰ DHC, DC, MC
³¹ Hole Size 12 1/4	³² Casing & Tubing Size 8 5/8 J-55	³³ Depth Set 920	³⁴ Sacks Cement 600		
7 7/8	5 1/2	4200	250		

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date 8/16/99	³⁷ Test Date 9/9/99	³⁸ Test Length 24 HRS	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure 110
⁴¹ Choke Size 48/64	⁴² Oil	⁴³ Water	⁴⁴ Gas 379	⁴⁵ AOF	⁴⁶ Test Method FLOWING

⁴⁷ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature: Julie Haney
Printed name: JULIE HANEY
Title: PRODUCTION ANALYST
Date: 10/6/99

Phone: 918/749-5666

OIL CONSERVATION DIVISION
Approved by: ORIGINAL SIGNED BY TIM W. GUM
DISTRICT IV SUPERVISOR
Title:
Approval Date: 10-13-99

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date