

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:		OIL WELL ☐		GAS WELL ☒		DRY ☐		Other ☐	
b. TYPE OF COMPLETION:									
NEW WELL ☒		WORK OVER ☐		DEEP-EN ☐		PLUG BACK ☐		DIFF. RESVR. ☐	
2. NAME OF OPERATOR									
Oklahoma Oil Company									
3. ADDRESS OF OPERATOR									
Suite 1120, One Energy Square, Dallas, Texas 75206									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*									
At surface 1730' FNL & 975' FNL									
At top prod. interval reported below same									
At total depth same									
14. PERMIT NO.					DATE ISSUED				
5. DATE SPURRED 11-1-77									
16. DATE T.D. REACHED 11-3-77		17. DATE COMPL. (Ready to prod.) 11-21-77			18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6097 GR			19. ELEV. CASINGHEAD 6097	
20. TOTAL DEPTH, MD & TVD 1110'		21. PLUG, BACK T.D., MD & TVD 1079		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		ROTARY TOOLS 0-1110'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*								25. WAS DIRECTIONAL SURVEY MADE	
1044-1048 Pictured Cliff								NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC-CNL, GR-Caliper								27. WAS WELL CORED	
								NO	
28. CASING RECORD (Report all strings set in well)									
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD	
5 1/2		15.5		46		7 7/8		7 sacks class "B"	
2 7/8		6.5		1107		4 3/4		100 class "B"	
29. LINER RECORD									
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)	
N/A									
30. TUBING RECORD					AMOUNT PULLED				
SIZE		DEPTH SET (MD)		PACKER SET (MD)					
N/A									
31. PERFORATION RECORD (Interval, size and number)					32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.				
1044-1048 0.4" 8 shots					DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED		
					1044-1048		250 gallon "Gas Well Acid"		
33.* PRODUCTION									
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)		
11-10-77		flowing					shut in		
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD		OIL—BBL.	
11-29-77		3		3/4					
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.		GAS—MCF.	
10		N/A						318	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)									
vented									
35. LIST OF ATTACHMENTS									
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records									
SIGNED		John Alexander		TITLE		Agent		DATE	
								12-13-77	

*** (See Instructions and Spaces for Additional Data on Reverse Side)**

General: This form is designed for submitting a complete and correct well completion report, pursuant to applicable Federal and/or State laws and regulations. Any new completion, particularly with regard to local, area, or regional procedures and practices, or are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
					NAME	MEAS. DEPTH
					Pictured Cliff	1036'
						1036'
						TRUE VERT. DEPTH