

API No
OTC Prod. Unit No.

Oil and Gas Conservation Division
P.O. Box 52000
Oklahoma City, Oklahoma 73152
405-521-2331
OG1002A@occ.ok.gov



Form 1002A

Rev. 2023

ORIGINAL
AMENDED (reason)

Rule 165:10-3-1
Completion Report

TYPE OF DRILLING OPERATION

If directional or horizontal see page 3 for bottom hole location.

STRAIGHT HOLE		HORIZONTAL HOLE		SPUD DATE
DIRECTIONAL HOLE		SERVICE WELL		DRLG FINISHED DATE
COUNTY	SEC	TWN	RGE	DATE OF WELL COMPLETION
LEASE NAME		WELL NO		1 st PROD DATE
¼	¼	¼	¼	RECOMP DATE
ELEVATION Derrick FL		ELEVATION Ground		LATITUDE
OPERATOR NAME		OTC/OCC OPERATOR NO.		
ADDRESS				
CITY		STATE	ZIP	

COMPLETION TYPE

SINGLE ZONE	
MULTIPLE ZONE Application Date	
COMINGLED Application Date	
LOCATION EXCEPTION ORDER NO.	
MULTI UNIT ORDER NO.	
INCREASED DENSITY	

CASING & CEMENT (email 1002C to OG1002C@occ.ok.gov)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI *	SAX	TOP OF CMT
CONDUCTOR							
SURFACE							
INTERMEDIATE							
PRODUCTION							
LINER							

* Casing Test Pressure

PACKER@	BRAND & TYPE	PLUG@	TYPE	PLUG@	TYPE	TOTAL
PACKER@	BRAND & TYPE	PLUG@	TYPE	PLUG@	TYPE	DEPTH

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION						
SPACING # AND SPACING ORDER #						
CLASS, OIL, GAS, DRY, INJ, DISP. COMM. DISP. SVC PERFORATED INTERVALS						
ACID/ VOLUME						
FRACTURE TREATMENT (Fluids in bbls / Prop Amounts)						

RECYCLED WATER USED TO COMPLETE THE WELL AS A PERCENTAGE OF THE TOTAL WATER USED (If not used enter NA)						
DATE OF FRAC						
SOURCE OF RECYCLED WATER						

OCC USE ONLY QUALIFIES FOR GROSS PRODUCTION TAX	YES	NO
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Rule (165:10-21-107)

INITIAL TEST DATA

INITIAL TEST DATE						
OIL BBL DAY						
OIL-GRAVITY (API)						
GAS-MCF/DAY						
GAS-OIL RATIO CU FT/BBL						
WATER-BBL/DAY						
PUMPING OR FLOWING						
INITIAL SHUT IN PRESSURE						
CHOKE SIZE						
FLOW TUBING PRESSURE						

MIN GAS ALLOWABLE (165:10-17-7) OR OIL ALLOWANCE (165:10-13-3)

PURCHASER / MEASURER

FIRST SALES DATE

PLEASE TYPE OR USE BLACK INK ONLY

FORMATION RECORD

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

NAMES OF FORMATIONS	TOP	Were open hole logs run? YES NO	
		Date Last log was run?	
		Was CO ₂ encountered? YES NO	At what depth?
		Was H ₂ S encountered? YES NO	At what depth?
		Were unusual drilling circumstances encountered? If yes, briefly explain below.	

Other Remarks:

640 Acres

640 Acres

If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

Direction must be stated in degrees azimuth. Please note, the horizontal drainhole and its end point must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY								
1/4		1/4		1/4		1/4		Feet From Section Line			
Measured Total Depth				True Vertical Depth				BHL From Lease, Unit, or Property Line:			

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

SEC	TWP	RGE	COUNTY								
1/4		1/4		1/4		1/4		Feet From Section Line			
Depth of Deviation				Direction				Total Length			
Measured Total Depth				True Vertical Depth				BHL From Lease, Unit, or Property Line:			

SEC	TWP	RGE	COUNTY								
1/4		1/4		1/4		1/4		Feet From Section Line			
Depth of Deviation				Direction				Total Length			
Measured Total Depth				True Vertical Depth				BHL From Lease, Unit, or Property Line:			

SEC	TWP	RGE	COUNTY								
1/4		1/4		1/4		1/4		Feet From Section Line			
Depth of Deviation				Direction				Total Length			
Measured Total Depth				True Vertical Depth				BHL From Lease, Unit, or Property Line:			

A record of the formations drilled through, and pertinent remarks are presented above. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

Signature _____ Name (Typed) _____ Date _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Email address _____