

Oklahoma Corporation Commission
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
Rule 165: 10-3-25

Form 1002A

API No.: 35033210250001

Completion Report

Spud Date: July 09, 1992

OTC Prod. Unit No.: 033-96125

Drilling Finished Date: July 10, 1992

Amended

1st Prod Date: July 25, 1992

Amend Reason: CONVERT TO INJECTOR

Completion Date: July 25, 1992

Recomplete Date: August 23, 2017

Drill Type: STRAIGHT HOLE

SERVICE WELL

Well Name: CLO 16-8T

Purchaser/Measurer:

Location: COTTON 16 4S 10W
NW SW SW SE
495 FSL 165 FWL of 1/4 SEC
Derrick Elevation: 992 Ground Elevation: 988

First Sales Date:

Operator: DEHART COMPANY (THE) 11992
PO BOX 914
115 4TH AVE SW
ARDMORE, OK 73402-0914

Completion Type		Location Exception		Increased Density	
X	Single Zone	Order No		Order No	
	Multiple Zone	There are no Location Exception records to display.		There are no Increased Density records to display.	
	Commingled				

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
PRODUCTION	5 1/2	15.5		1348		255	SURFACE

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
There are no Liner records to display.								

Total Depth: 1394

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
1160	ARROW TENSION	There are no Plug records to display.	

Initial Test Data										
Test Date	Formation	Oil BBL/Day	Oil-Gravity (API)	Gas MCF/Day	Gas-Oil Ratio Cu FT/BBL	Water BBL/Day	Pumpin or Flowing	Initial Shut-In Pressure	Choke Size	Flow Tubing Pressure
There are no Initial Data records to display.										

Completion and Test Data by Producing Formation			
Formation Name: CACHE CREEK		Code: 406CCCK	Class: INJ
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
There are no Spacing Order records to display.		1211	1213
Acid Volumes		Fracture Treatments	
There are no Acid Volume records to display.		There are no Fracture Treatments records to display.	

Formation	Top
SEE ORIGINAL	0

Were open hole logs run? Yes
Date last log run: July 10, 1992

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
CONVERTING PRODUCER TO INJECTOR. PERMIT NUMBER 1802230008

FOR COMMISSION USE ONLY	
Status: Accepted	1139061

RECEIVED

AUG 25 2017

Form 1002A
Rev. 2009

OKLAHOMA CORPORATION COMMISSION

API NO. **033-21025**
OTC PROD. **033**
UNIT NO. **98125**

PLEASE TYPE OR USE BLACK INK ONLY

NOTE:

Attach copy of original 1002A
if recompletion or reentry.

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

Rule 165:10-3-25

COMPLETION REPORT

☐ ORIGINAL
☒ AMENDED (Reason)

CONVERT TO INT.

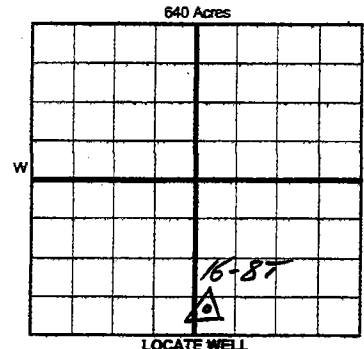
TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
☒ SERVICE WELL

If directional or horizontal, see reverse for bottom hole location.

COUNTY **COTTON** SEC **16** TWP **45** RGE **10W**
LEASE NAME **C.L.O.** WELL NO. **16-8T**
DATE OF WELL COMPLETION **7/25/92**
1st PROD DATE **7/25/92**
RECOMP DATE **8/23/17**
N 1/4 SW 1/4 SW 1/4 SE 1/4 FSL OF 1/4 SEC **495** FWL OF 1/4 SEC **165**
ELEVATION **992** Ground **988** Latitude (if known) Longitude (if known)
OPERATOR NAME **THE DEHART CO.** OTC/OCC OPERATOR NO. **11992-0**
ADDRESS **P.O. Box 914**
CITY **ARDMORE** STATE **OK.** ZIP **73402**

SPUD DATE **7/9/92**
DRLG FINISHED DATE **7/10/92**



COMPLETION TYPE

☒ SINGLE ZONE
☐ MULTIPLE ZONE
Application Date
☐ COMINGLED
Application Date
LOCATION
EXCEPTION ORDER
INCREASED DENSITY
ORDER NO.

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE							
INTERMEDIATE							
PRODUCTION	5 1/2	13.5		1348		255	SURF
LINER							

PACKER @ **1160** BRAND & TYPE **ARROW TENSION** PLUG @ TYPE PLUG @ TYPE
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ TYPE

TOTAL DEPTH **1394**

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	CACHE CREEK SAND						
SPACING & SPACING ORDER NUMBER							
CLASS: Oil, Gas, Dry, Int, Disp, Comm Disp, Svc	INT						
PERFORATED INTERVALS	1211-13 45PF						
ACID/VOLUME							
FRACTURE TREATMENT (Fluids/Prop Amounts)							

Min Gas Allowable (165:10-17-7)

OR

Oil Allowable (165:10-13-3)

Gas Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	8/22/17						
OIL-BBL/DAY	INT						
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							

AS SUBMITTED

A record of the formations drilled through, and pertinent remarks are presented on the reverse. 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 **JOHN R. LAWS** NAME (PRINT OR TYPE)
DATE **8/23/17** PHONE NUMBER **580-8455**
ADDRESS **1515 WARD RD. ARDMORE OK. 73401** CITY STATE ZIP
EMAIL ADDRESS **JRLAWS@HOTMAIL.COM**

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
SEE ORIGINAL	

LEASE NAME C.L.O.

WELL NO. 16-85

FOR COMMISSION USE ONLY	
ITD on file <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROVED _____ DISAPPROVED _____	2) Reject Codes

Were open hole logs run?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Date last log was run	<u>7-10-92</u>
Was CO ₂ encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no at what depths? _____
Was H ₂ S encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no at what depths? _____
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
If yes, briefly explain below	

Other remarks:

CONVERTING PRODUCER TO INJECTOR PERMIT 1802230008

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.

640 Acres

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

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

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line:

LATERAL #2

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line:

LATERAL #3

SEC	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	BHL From Lease, Unit, or Property Line: