

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.: 35083236860001

Completion Report

Spud Date: December 15, 2003

OTC Prod. Unit No.: 083-112178

Drilling Finished Date: January 01, 2004

1st Prod Date: February 01, 2004

Amended

Completion Date: January 20, 2004

Amend Reason: CHANGE WELL NAME

Drill Type: STRAIGHT HOLE

Well Name: LOGAN COUNTY (CORAL 2-3) 2-3

Purchaser/Measurer:

Location: LOGAN 2 17N 3W
NE SW NE SW
1690 FSL 1870 FWL of 1/4 SEC
Derrick Elevation: 1002 Ground Elevation: 989

First Sales Date:

Operator: FULLSPIKE ENERGY LLC 23833
PO BOX 482
1861 BROWN BLVD STE 631 (ARLINGTON)
BOYD, TX 76023-0482

Completion Type		Location Exception		Increased Density	
X	Single Zone	Order No		Order No	
	Multiple Zone	There are no Location Exception records to display.		484498	
	Commingled				

Casing and Cement								
Type		Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE		8 5/8	23	H-40	319	500	240	SURFACE
PRODUCTION		5 1/2	15.5	J-55	6182	1500	350	4925

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

Total Depth: 6429

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
There are no Packer records to display.		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
Apr 23, 2004	MISSISSIPPI LIME	60	41	175	2933	90	PUMPING	160		

Completion and Test Data by Producing Formation			
Formation Name: MISSISSIPPI LIME		Code: 351MSSLM	Class: OIL
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
61403	80	5502	5672
Acid Volumes		Fracture Treatments	
2,500 GALLONS HCL		4,285 BARRELS	

Formation	Top
OSWEGO	5260
MISSISSIPPI	5505
HUNTON	5760
VIOLA	5900

Were open hole logs run? No
Date last log run:

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1139158

COMPLETION REPORT

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

CASING & CEMENT (Form 1002C must be attached)

SAGING & CEMENT (Form 1002C must be attached)							
TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	8 5/8	23	H-40	319	500	240	SURFACE
INTERMEDIATE							
PRODUCTION	5 1/2	15.5	J-55	6182	1500	350	4925
LINER							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
 PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

TOTAL DEPTH	6,429
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COMPLETION & TEST DATA BY PRODUCING FORMATION

351 MES LM

FORMATION	Mississippi Lime				
SPACING & SPACING ORDER NUMBER	80/61403				
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	OIL				
PERFORATED INTERVALS	5502-5512				
	5524-5600				
	5642-5672				
ACID/VOLUME	2500 GALS HCL HCL				
FRACTURE TREATMENT (Fluids/Prop Amounts)	YES				
	4285 BBLS				

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

☐ OR

Gas Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	4/23/2004					
OIL-BBL/DAY	60					
OIL-GRAVITY (API)	41					
GAS-MCF/DAY	175					
GAS-OIL RATIO CU FT/BBL	2933					
WATER-BBL/DAY	90					
PUMPING OR FLOWING	pumping					
INITIAL SHUT-IN PRESSURE	160 psi					
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: Billy Macrum NAME (PRINT OR TYPE): Billy Macrum DATE: 3/1/2013 PHONE NUMBER: 940-828-8184
 ADDRESS: P.O. Box 481 CITY: Ray STATE: TX ZIP: 76023 EMAIL ADDRESS: bluecrack75@yahoo.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
OSWEGO	5,260
MISSISSIPPI	5,505
HUNTON	5760
VIOLA	5,900

LEASE NAME _____ WELL NO. _____

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?	_____ yes <input checked="" type="checkbox"/> no
Date Last log was run	_____
Was CO ₂ encountered?	_____ yes <input checked="" type="checkbox"/> no at what depths? _____
Was H ₂ S encountered?	_____ yes <input checked="" type="checkbox"/> no at what depths? _____
Were unusual drilling circumstances encountered?	_____ yes <input checked="" type="checkbox"/> no
If yes, briefly explain below:	

Other remarks:

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: