

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.: 35083236960001

Completion Report

Spud Date: February 17, 2004

OTC Prod. Unit No.: 083-112985

Drilling Finished Date: February 28, 2004

1st Prod Date: March 24, 2004

Amended

Completion Date: March 18, 2004

Amend Reason: CHANGE WELL NAME

Drill Type: STRAIGHT HOLE

Well Name: LOGAN COUNTY (CORAL 2-4) 2-4

Purchaser/Measurer:

Location: LOGAN 2 17N 3W
SE NW SW SE
927 FSL 543 FWL of 1/4 SEC
Derrick Elevation: 1019 Ground Elevation: 1008

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	486811		There are no Increased Density records to display.	
	Commingled				

Casing and Cement								
Type		Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE		8 5/8	23	L-5	391	500	240	SURFACE
PRODUCTION		5 1/2	17	J-55	6095	1500	225	5130

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

Total Depth: 6175

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
5497	BAKER MODEL R	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
Mar 30, 2004	MISSISSIPPI LIME	140	41	220	1571	59	PUMPING	800	14/64	560

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	5531	5676
Acid Volumes		Fracture Treatments	
2,000 GALLONS HCL		4,704 BARRELS	

Formation	Top
OSWEGO	5270
MISSISSIPPI	5530
HUNTON	5770
VIOLA	5920

Were open hole logs run? Yes
Date last log run: February 27, 2004

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1139159

MAR 15 2018

OKLAHOMA CORPORATION
COMMISSION

API NO.	083-23696
OTC PROD. UNIT NO.	083-112985

NOTE:

Attach copy of original 1002A
if recompletion or reentry.

Rule 165:10-3-25

	ORIGINAL
X	AMENDED (Reason)

Change Well Name

COMPLETION REPORT

TYPE OF DRILLING OPERATION

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

If directional or horizontal, see reverse for bottom hole location

COUNTY	LOGAN	SEC	2	TWP	17N	RGE	3 W	DATE OF WELL COMPLETION	3/18/2004
LEASE NAME	Logan County				WELL NO.	2-4		1st PROD DATE	3/24/2004
SE 1/4 NW 1/4 SW 1/4 SE 1/4	FSL OF 1/4 SEC	927	FWL 1/4 SEC		543	RECOMP DATE			
ELEVATION Derrick FL	1019	Ground	1008	Latitude (if known)				Longitude (if known)	
OPERATOR NAME	Full Spike					OTC/OCC OPERATOR NO.	23833		
ADDRESS				1861 Brown Blvd.					
CITY	Arlington				STATE	TX		ZIP	76006

640 Acres

W

X

COMPLETION TYPE

X	SINGLE ZONE	486811
	MULTIPLE ZONE	
	Application Date	
	COMMINGLED	
	Application Date	
LOCATION EXCEPTION		
ORDER NO.		
INCREASED DENSITY		
ORDER NO.		

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	8 5/8	23	L-5	391	500	240	SURFACE
INTERMEDIATE							
PRODUCTION	5 1/2	17	J-55	6095	1500	225	5130
LINER							

PACKER @	5,497	BRAND & TYPE	Baker Mod R	PLUG @		TYPE		PLUG @		TYPE		TOTAL DEPTH	6,175
PACKER @		BRAND & TYPE		PLUG @		TYPE		PLUG @		TYPE			

COMPLETION & TEST DATA BY PRODUCING FORMATION


FORMATION	Mississippi Lime					
SPACING & SPACING ORDER NUMBER	80/61403					
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	OIL					
PERFORATED INTERVALS	5531-5540					
	5600-5614					
	5652-5676					
ACID/VOLUME	2000 GALS HCL HCL					
FRACTURE TREATMENT (Fluids/Prop Amounts)	YES					
	4704 BBLs					

INITIAL TEST DATA ☐ **Min Gas Allowable** (165:10-17-7) **Gas Purchaser/Measurer** _____
OR **First Sales Date** _____
☐ **Oil Allowable** (165:10-13-3) _____

INITIAL TEST DATE	3/30/2004					
OIL-BBL/DAY	140					
OIL-GRAVITY (API)	41					
GAS-MCF/DAY	220					
GAS-OIL RATIO CU FT/BBL	1571					
WATER-BBL/DAY	59					
PUMPING OR FLOWING	pumping					
INITIAL SHUT-IN PRESSURE	800					
CHOKE SIZE	14/64					
FLOW TUBING PRESSURE	560					

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 		Name (Print or Type) Billy Marcum		Date 3/1/2018		Phone Number 910-452-8284	
Address P.O. Box 482		City Boyd		State TX		ZIP 76013	
				Email Address bluecrank75@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.

LEASE NAME _____

WELL NO. _____

NAMES OF FORMATIONS	TOP
OSWEGO	5,270
MISSISSIPPI	5,530
HUNTON	5770
VIOLA	5,920

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	2/27/2004
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:

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		Feet From 1/4 Sec Lines	
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		Feet From 1/4 Sec Lines	
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	
Measured Total Depth		True Vertical Depth	
		BHL From Lease, Unit, or Property Line:	

LATERAL #2

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

LATERAL #3

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