

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.: 35067211000000

Completion Report

Spud Date: August 01, 2017

OTC Prod. Unit No.:

Drilling Finished Date: August 08, 2017

1st Prod Date:

Completion Date: December 08, 2017

Drill Type: STRAIGHT HOLE

SERVICE WELL

Well Name: HARRIS 3

Purchaser/Measurer:

Location: JEFFERSON 5 4S 4W
SW NE SE NW
825 FSL 495 FEL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 0

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
SURFACE	8 5/8			220		155	SURFACE
PRODUCTION	5 1/2			2650		110	2026

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

Total Depth: 3130

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
2340	BAKER AD-1	2632	PBTD

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: HOXBAR				Code: 405HXBR			Class: INJ		
Spacing Orders				Perforated Intervals					
Order No		Unit Size		From			To		
There are no Spacing Order records to display.				2356			2491		
Acid Volumes				Fracture Treatments					
500 GALLONS 7% HCL				NONE					

Formation	Top
PERMIAN	0
HOXBAR	991

Were open hole logs run? Yes
 Date last log run: August 08, 2017

 Were unusual drilling circumstances encountered? No
 Explanation:

Other Remarks
ORIGINAL COMPLETION AS AN INJECTION WELL SINCE ZONE WET ON OPEN HOLE LOGS. PERMIT NUMBER 1805790006

FOR COMMISSION USE ONLY
<div> <div>Status: Accepted</div> <div>1138457</div> </div>

RECEIVED

DEC 11 2017

Form 1002A
Rev. 2009

API NO. 067-21100
OTC PROD. 067
UNIT NO.

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

OKLAHOMA CORPORATION
COMMISSION

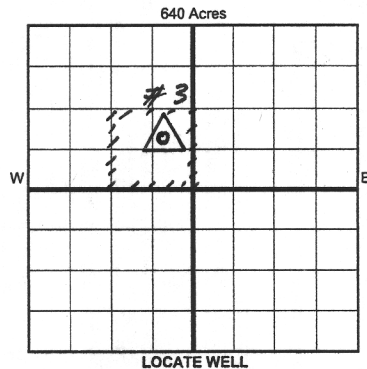
☒ ORIGINAL
☐ AMENDED (Reason)

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 JEFFERSON SEC 5 TWP 4S RGE 4W
LEASE NAME HARRIS WELL NO. 3
SW 1/4 NE 1/4 SE 1/4 NW 1/4 FSL OF 825 BWT OF FEL
ELEVATION Ground Latitude (if known) Longitude (if known)
OPERATOR NAME DEHART COMPANY (THE) OTC/OCC OPERATOR NO. 11992-0
ADDRESS P.O. BOX 914
CITY ARDMORE STATE OK ZIP 73402



COMPLETION TYPE

☒ SINGLE ZONE
☐ MULTIPLE ZONE
Application Date
☐ COMMINGLED
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	<u>8 5/8</u>			<u>220</u>		<u>155</u>	<u>SURF</u>
INTERMEDIATE							
PRODUCTION	<u>5 1/2</u>			<u>2650</u>		<u>110</u>	<u>2026</u>
LINER							

PACKER @ 2340 BRAND & TYPE BAKER AD-1 PLUG @ TYPE PLUG @ TYPE
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ TYPE
TOTAL DEPTH 3130
PRTD 2632

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	<u>HoxBAR</u>						<u>No Frac</u>
SPACING & SPACING ORDER NUMBER							
CLASS: Oil, Gas, Dry, Inj. Disp, Comm Disp, Svc	<u>INT.</u>						
PERFORATED INTERVALS	<u>2356-2491 (0A)</u>						
ACID/VOLUME	<u>500 GAL 71% HCL</u>						
FRACTURE TREATMENT (Fluids/Prop Amounts)	<u>NONE</u>						

☐ 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	<u>12/08/17</u>						
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							

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) JOHN R. LAWS DATE 12/11/17 PHONE NUMBER 280-8455
1515 WARD RD. ARDMORE ADDRESS CITY OK STATE 73401 ZIP JRLAWS@HOTMAIL.COM EMAIL ADDRESS

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
PERMIAN	SURF
HOXBAR	991
TD	3130

LEASE NAME HARRIS WELL NO. 3

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>8/8/17</u>
Was CO ₂ encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no at what depths? <u> </u>
Was H ₂ S encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no at what depths? <u> </u>
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
If yes, briefly explain below	

Other remarks:

ORIGINAL COMPLETION AS AN INJECTION WELL
SINCE ZONE WET ON OPEN HOLE LOGS
PERMIT 185790006

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)

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

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Form 1002A
Rev. 2009

API
NO. **067 21100**
OTC PROD.
UNIT NO.

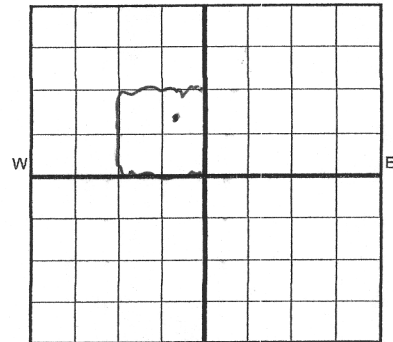
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NOTE:

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if recompletion or reentry.

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

JAN 17 2018

OKLAHOMA CORPORATION
COMMISSION
640 Acres



☒ ORIGINAL
☐ AMENDED (Reason) _____

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	Jefferson	SEC	5	TWP	4S	RGE	4W	SPUD DATE	7-21-17
LEASE NAME	Harris	WELL NO.	3	DATE OF WELL COMPLETION	8-9-17	1st PROD DATE			
SW 1/4 NE 1/4 SE 1/4 NW 1/4	FSL OF 1/4 SEC	825	FW OF 1/4 SEC	445	RECOMP DATE				
ELEVATION	Ground	Latitude (if known)		Longitude (if known)					
Derrick FL									
OPERATOR NAME	The DeHart Company	OTC/OCC OPERATOR NO.	11992						
ADDRESS	P. O. Box 914								
CITY	Ardmore	STATE	OK	ZIP	73402				

COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> 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		221		155	surface
INTERMEDIATE							
PRODUCTION	5 1/2	15.5		2650		110	
LINER							
						TOTAL DEPTH	3132

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

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Hoxbar						
SPACING & SPACING ORDER NUMBER	627370						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	s/w inj. well						
PERFORATED INTERVALS	2356-2491						
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							
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							

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 DeHart NAME (PRINT OR TYPE)
P. O. Box 914 Ardmore OK 73402
ADDRESS CITY STATE ZIP
1-15-18 580-223-7791
DATE PHONE NUMBER
EMAIL ADDRESS

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

LEASE NAME

Harris

WELL NO. 3

NAMES OF FORMATIONS	TOP
Hoxbar	800 TD

		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? X yes ___ no

Date Last log was run 9-1-17

Was CO₂ encountered? ___ yes X no at what depths? _____

Was H₂S encountered? ___ yes X no at what depths? _____

Were unusual drilling circumstances encountered? ___ yes X no

If yes, briefly explain below:

Other remarks:

Permit 180579 0066

640 Acres

A 10x10 grid representing 640 acres. A thick vertical line is drawn between the 4th and 5th columns, and a thick horizontal line is drawn between the 4th and 5th rows. This divides the grid into four quadrants of 160 acres each (4 columns x 4 rows).

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

A 10x10 grid representing 640 acres. The grid is divided into four 5x5 quadrants by a thick vertical line and a thick horizontal line. The top-left quadrant is shaded gray.

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