

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.: 35051224690001

**Completion Report**

Spud Date: July 15, 1994

OTC Prod. Unit No.:

Drilling Finished Date: September 01, 1994

**Amended**

1st Prod Date: January 11, 1995

Amend Reason: PLUGGED AND ABANDONED WELLBORE

Completion Date: January 17, 1995

Recomplete Date: March 23, 2020

**Drill Type: STRAIGHT HOLE**

Well Name: FOSTER E 1-7

Purchaser/Measurer:

Location: GRADY 7 5N 5W  
W2 E2 SW SW  
660 FSL 760 FWL of 1/4 SEC  
Derrick Elevation: 1049 Ground Elevation: 1026

First Sales Date:

Operator: SHERIDAN PRODUCTION COMPANY LLC 22220

1360 POST OAK BLVD STE 2500  
HOUSTON, TX 77056-3030

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

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
CONDUCTOR	16			100		10	SURFACE
SURFACE	9 5/8	36	K-55	1030	1500	370	SURFACE
PRODUCTION	5 1/2	17 / 20	S-95 / P-110	16185	7000	1475	13920

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

**Total Depth: 16185**

Packer	
Depth	Brand & Type
There are no Packer records to display.	

Plug	
Depth	Plug Type
1231	CEMENT
4741	CEMENT
8640	CEMENT
15989	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: SYCAMORE				Code: 352SCMR			Class: PLUG AND ABANDON		
Spacing Orders				Perforated Intervals					
Order No		Unit Size		From			To		
There are no Spacing Order records to display.				14483			14547		
Acid Volumes				Fracture Treatments					
4,100 GALLONS 20% HCL				5,000 BSW					

Formation Name: WOODFORD		Code: 319WDFD		Class: PLUG AND ABANDON	
Spacing Orders		Perforated Intervals			
Order No	Unit Size	From	To		
There are no Spacing Order records to display.		14552	14781		
Acid Volumes		Fracture Treatments			
TREATED WITH SYCAMORE		TREATED WITH SYCAMORE			

Formation Name: HUNTON		Code: 269HNTN		Class: PLUG AND ABANDON	
Spacing Orders		Perforated Intervals			
Order No	Unit Size	From	To		
There are no Spacing Order records to display.		14840	15272		
Acid Volumes		Fracture Treatments			
2,000 GALLONS 20% HCL		12,036 BSW			

Formation Name: VIOLA		Code: 202VIOL		Class: PLUG AND ABANDON	
Spacing Orders		Perforated Intervals			
Order No	Unit Size	From	To		
There are no Spacing Order records to display.		15470	15956		
Acid Volumes		Fracture Treatments			
TREATED WITH HUNTON		TREATED WITH HUNTON			

Formation	Top
SEE PREVIOUS 1002A	0

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

Were unusual drilling circumstances encountered? No

Explanation:

**Other Remarks**

PLUGGED AS OF MARCH 23, 2020. VOLUNTARY PLUGGING FOR CONCERN OF THE PUBLIC AT LARGE.  
CEMENT PLUG @ 8,640 BAIL DUMP 25 SACKS CEMENT; TOP OF CEMENT @ 8,440'. CEMENT PLUG @ 4,741' WITH 100 SACKS CEMENT; TOP OF CEMENT @ 4,693'.  
CEMENT PLUG @ 1,231 WITH 416 SACKS CEMENT; TOP OF CEMENT @ SURFACE.  
FORM 1003 HAS BEEN SUBMITTED TO DISTRICT OFFICE AND A COPY IS ATTACHED.

**FOR COMMISSION USE ONLY**

1145002

Status: Accepted

051-22469

(PLEASE TYPE OR USE BLACK INK ONLY)

## OKLAHOMA CORPORATION COMMISSION

Oil &amp; Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

Rule 165:10-3-25

Form 1002A

Rev. 2009

ORIGINAL

☒ AMENDED (Reason)

P&amp;A WELLBORE

## 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	Grady	PONTOTOC	SEC	7	TWP	5N	RGE	5W
LEASE NAME	FOSTER E				WELL NO.	1-7		
W/2 E2 SW 1/4 SW 1/4	FSL OF 1/4 SEC		660	FSL OF 1/4 SEC		760		
ELEVATION	1049	Ground	1026	Latitude (if known)		Longitude (if known)		
OPERATOR NAME	SHERIDAN PRODUCTION COMPANY LLC				OTC / OCC OPERATOR NO.	22220		
ADDRESS	1360 POST OAK BLVD., STE 2500							
CITY	HOUSTON		STATE	TX		ZIP	77056	

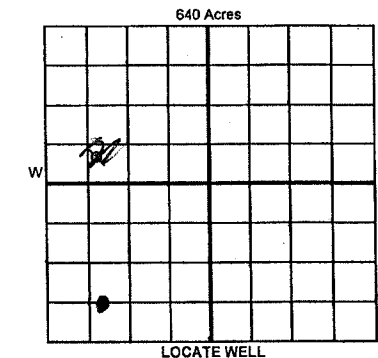
SPUD DATE 7/15/94

DRLG FINISHED DATE 9/1/94

DATE OF WELL COMPLETION 1/17/95

1st PROD DATE 1/11/95

RECOMP DATE 03/23/20



## COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE
<input type="checkbox"/> COMMINGLED
<input type="checkbox"/> LOCATION EXCEPTION
<input type="checkbox"/> ORDER NO.
<input type="checkbox"/> INCREASED DENSITY
<input type="checkbox"/> ORDER NO.

## CASING &amp; CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR	16			100		10	surface
SURFACE	9-5/8	36	K55	1030	1500	370	surface
INTERMEDIATE							
PRODUCTION	5-1/2	17	S-95	16185	7000	1475	13920
LINER		20	P-110				
							16,185

PACKER @ BRAND &amp; TYPE

PLUG @ 15989 TYPE PBT

PLUG @ 8640 TYPE CMT

TOTAL DEPTH

PACKER @ BRAND &amp; TYPE

PLUG @ 4741 TYPE CMT

PLUG @ 1231 TYPE CMT

## COMPLETION &amp; TEST DATA BY PRODUCING FORMATION

FORMATION	SYCAMORE	WOODFORD	HUNTON	VIOLA	No Frac
SPACING & SPACING ORDER NUMBER	UNIT	UNIT	UNIT	UNIT	
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	DRY PLA	DRY PLA	DRY PLA	DRY PLA	
PERFORATED INTERVALS	14483	14552	14840	15470	
	14547	14781	15272	15956	
ACID/VOLUME	4100 GAL 20% HCL	TREATED TOGETHER	2000 GAL 20% HCL	TREATED TOGETHER	
FRACTURE TREATMENT (Fluids/Prop Amounts)	5000 BSW		12036 BSW		

Min Gas Allowable

(165:10-17-7)

Gas Purchaser/Measurer



OR

First Sales Date

## INITIAL TEST DATA

Oil Allowable

(165:10-13-3)

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					

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.

JOYCE A WILLIAMS

3/24/2020

713-548-1070

SIGNATURE

NAME (PRINT OR TYPE)

DATE

PHONE NUMBER

1360 POST OAK BLVD., STE 2500

HOUSTON

TX

77056

jwilliams@sheridanproduction.com

ADDRESS

CITY

STATE

ZIP

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.

LEASE NAME

FOSTER E

WELL NO. 1-7

NAMES OF FORMATIONS	TOP
SEE PREVIOUS	

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

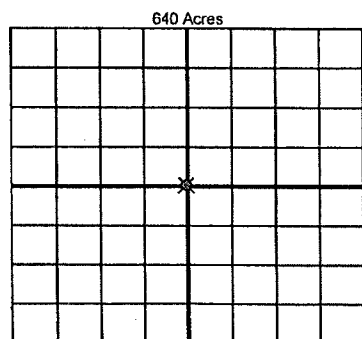
Were open hole logs run?	_____ yes _____ no
Date Last log was run	_____
Was CO <sub>2</sub> encountered?	_____ yes _____ no at what depths? _____
Was H <sub>2</sub> S encountered?	_____ yes _____ no at what depths? _____
Were unusual drilling circumstances encountered?	_____ yes _____ no
If yes, briefly explain below	

Other remarks: PLUGGED AS OF 3/23/20. VOLUNTARY PLUGGIN FOR CONCERN OF THE PUBLIC AT LARGE.

CEMENT PLUG @ 8640' BAIL DUMP 25 SX CEMENT; TOC @ 8440'. CEMENT PLUG @ 4741' w/100 SX CEMENT; TOC @ 4693'

CEMENT PLUG @ 1231 w/416 SX CEMENT; TOC @ SURFACE

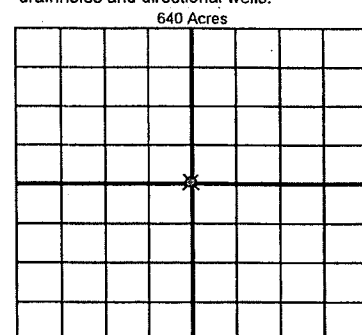
FORM 1003 HAS BEEN SUBMITTED TO DISTRICT OFFICE AND A COPY IS ATTACHED.



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
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			
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:

Form 1003/1003C  
Rev. 2018

API NO.	35-051-22469
OTC PROD. UNIT NO.	0
PLUGGING DATE	3/23/20

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGES)

A blank 10x10 grid for graphing, consisting of 10 columns and 10 rows of squares. The grid is used for plotting the graph of the function  $y = \frac{1}{2}x^2$ .

Well Name/No.		Foster E-1-7			
Location		1/4 E2 1/4 SW 1/4	Sec 7	Twp 5N	Rge 5W
660 Ft FSL of 1/4 Sec		760 Ft FWL of 1/4 Sec	County Grady		
Total Depth	116185	Base of Treatable Water	80	Well Classification	OIL

Locate Well on Grid

Name		SHERIDAN PRODUCTION COMPANY, LLC		OTC/OCC No. 22220-0	
Address		1360 POST OAK BLVD., STE 2500		Phone 713-548-1000	
City	Houston	State	TX	Zip Code	77056
				Email Addr.	jwilliams@sheridanproduction.com

## PERFORATION DEPTHS

Size	Run (ft)	Pulled (ft)	Conductor
9.625	1030	0	Surface
			I.C.
			I.C.
5.5	16185	0	P.C.
			Lnr.


Set 1 -	From	8540	To	8541
Set 2 -	From	4740	To	4741
Set 3 -	From	1230	To	1231
Set 3 -	From		To	

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	cement	5.5	8640	25	5 bbl	8440	
2	cement	5.5	4741	100	21 bbl	4693	
3	cement	5.5	1231	415	87.21	surface	
4							
5							

## Reason for Plugging

Voluntary plugging for concern of the Public at large

I certify that the cement plugs were placed in this well as shown on this report, per OCC instructions. The cementing was performed by me or under my direct supervision. I certify that all cementing data is true, correct and complete.

Signature 	Date 03/18/20	Name and Title Typed or Printed ARTHUR SETZER
Company Name Nextier Completion Solutions Inc.		Permit No. 924.00
Address 601 Industrial Blvd		Phone 580-227-2727
City Fairview	State OK	Zip 73737

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature	Date	Name and Title Typed or Printed
<i>[Signature]</i>	3/21/20	JOYCE A. WILLIAMS - Regulatory Analyst

**CORPORATION COMMISSION USE ONLY**

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Signature of District Manager

Field Inspector

## INSTRUCTIONS: Form 1003/1003C

1. Form must be completed in its entirety and mailed to the appropriate District Office (see below) within 30 days after plugging is completed.
2. Send original only.
3. Type or use BLACK ink only. **This form is for record and must be legible.**
4. API No. must be on form. To get an API No. use the OCC online Data Mining application or call the OCC Well Records Department at (405) 521-2275.
5. In specifying the type of plug use the following notations: (if other abbreviations are used, please define)  
CIBP - cast iron bridge plug   CEM - cement plug   CIBP + CEM - cast iron bridge plug and cement   PKR - packer
6. Cement plugs shall be placed in the well bore as required by the Rules of the Commission plus any additional plugs as may be specified by the District Manager or his representative, where unusual local conditions exist. (OAC 165:10-11-6)
7. The minimum amount of cement normally used in each plug in the open hole shall be a slurry volume equal to the amount necessary to fill the calculated volume of 100 feet of the hole in which the plug is placed.
8. A minimum 30 foot cement plug is required to be placed in the top of the well. (OAC 165:10-11-6)

<b>DISTRICT I (Bristow) District Office   115 West 6th Street   Bristow, OK 74010   (918) 367-3396</b>							
<b><u>Counties Served:</u></b>							
Adair	Cherokee	Craig	Creek	Delaware	Key	Lincoln	Mayes
Muskogee	Noble	Nowata	Okfuskee	Okmulgee	Ottawa	Pawnee	Payne
Rogers	Tulsa	Wagoner	Washington	(E-mail: OGBristowOffice@occemail.com)			

<b>DISTRICT II (Kingfisher) District Office   101 South 6th Street   Kingfisher, OK 73750   (405) 375-5570</b>							
<b><u>Counties Served:</u></b>							
Alfalfa	Beaver	Blaine	Canadian	Cimarron	Custer	Dewey	Ellis
Garfield	Grant	Harper	Kingfisher	Logan	Major	Oklahoma	Roger Mills
Texas	Woods	Woodward	(E-mail: OCKingfisherOffice@occemail.com)				

<b>DISTRICT III (Duncan) District Office   1111 Willow, Suite 100   Duncan, OK 73533   (580) 255-0103</b>							
<b><u>Counties Served:</u></b>							
Beckham	Caddo	Carter	Cleveland	Comanche	Cotton	Garvin	Grady
Greer	Harmon	Jackson	Jefferson	Kiowa	Love	McClain	Murray
Stephens	Tillman	Washita	(E-mail: OGDuncanOffice@occemail.com)				

<b>DISTRICT IV (Ada) District Office   1318 Craddock Rd.   Ada, OK 74820   (580) 332-3441</b>							
<b><u>Counties Served:</u></b>							
Atoka	Bryan	Choctaw	Coal	Haskell	Hughes	Johnston	Latimer
Leflore	Marshall	McCurain	McIntosh	Pittsburg	Pontotoc	Pottawatomie	Pushmataha
Seminole	Sequoyah	(E-mail: OGAdaOffice@occemail.com)					

## FOR COMMISSION USE ONLY

Approved	Rejected		Approved	Rejected	
_____	_____	1. API No. invalid.	_____	_____	10. Record of pipe pulled incomplete.
_____	_____	2. Legal Description Invalid for County.	_____	_____	11. Well location does not match plat.
_____	_____	3. Operator No. missing/invalid.	_____	_____	12. Treatable water depth missing.
_____	_____	4. Well location missing/invalid.	_____	_____	13. Perforation depths missing.
_____	_____	5. Well name missing.	_____	_____	14. Information on plug - operator.
_____	_____	6. Well No. missing.	_____	_____	15. Plugging description missing.
_____	_____	7. Plugging date invalid.	_____	_____	16. Plugging contractors name missing.
_____	_____	8. Well type missing/invalid.	_____	_____	17. Information on plug-cementing company.
_____	_____	9. Total depth missing/invalid.	_____	_____	18. Other: _____