

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.: 35101205280001

Completion Report

Spud Date: September 04, 1979

OTC Prod. Unit No.: 101-060199-0-0000

Drilling Finished Date: September 16, 1979

Amended

1st Prod Date: October 16, 1979

Amend Reason: RECLASSIFY WELL-DRY

Completion Date: October 16, 1979

Recomplete Date: March 30, 2020

Drill Type: STRAIGHT HOLE

Well Name: VINCENT 1

Purchaser/Measurer:

Location: MUSKOGEE 32 15N 15E
NW SW SW NE
600 FSL 165 FWL of 1/4 SEC
Derrick Elevation: 678 Ground Elevation: 670

First Sales Date:

Operator: ELLIS RESOURCES GROUP INC 14921
PO BOX 2105
2701 N HILL TER
CLEBURNE, TX 76033-2105

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	24		100			SURFACE
PRODUCTION	4 1/2	9.5		2108		250	692

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

Total Depth: 2190

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
2002	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: MISENER		Code: 319MSNR	Class: DRY
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
There are no Spacing Order records to display.		1986	2015
Acid Volumes		Fracture Treatments	
There are no Acid Volume records to display.		There are no Fracture Treatments records to display.	

Formation	Top
MISENER	1986

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	1145013

API
NO. **101-20528**
OTC PROD.
UNIT NO. **101-060289**

(PLEASE TYPE OR USE BLACK INK ONLY)

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

Form 1002A
Rev. 2009

☐ ORIGINAL
☒ AMENDED (Reason)

Reclassify well - Dry

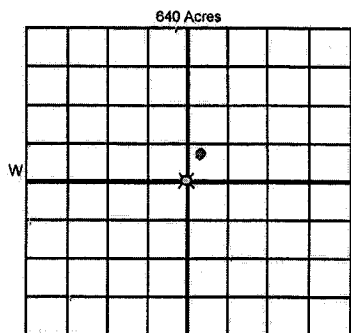
COMPLETION REPORT

TYPE OF DRILLING OPERATION

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

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

COUNTY	Muskogee	SEC	32	TWP	5N	RGE	15E	SPUD DATE	9-4-1979
LEASE NAME	Vincent	WELL NO.	1	DRLG FINISHED DATE	9-16-1979	DATE OF WELL COMPLETION			10-16-1979
NW 1/4 SW 1/4 SW 1/4 NE 1/4	SW 1/4 SW 1/4 NE 1/4	FSL OF 1/4 SEC	600	FWL OF 1/4 SEC	165	1st PROD DATE	10-16-1979		
ELEVATION	678	Ground	670	Latitude (if known)		RECOMP DATE	3-30-2020		
OPERATOR NAME	Ellis Resources Group Inc				OTC/OCC OPERATOR NO.	14921			
ADDRESS	P.O. Box 2105								
CITY	Cleburne				STATE	TX	ZIP	76033	



COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE	
<input type="checkbox"/> MULTIPLE ZONE	
Application Date	
COMINGLED	
Application Date	
LOCATION EXCEPTION ORDER NO.	
INCREASED DENSITY ORDER NO.	

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	8 5/8	24		100			surface
INTERMEDIATE							
PRODUCTION	4 1/2	9.5		2108		250	692
LINER							

PACKER @ **2002** BRAND & TYPE Arrow Tension PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

TOTAL DEPTH **2190**

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Misener						No Flow
SPACING & SPACING ORDER NUMBER							
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Dry						
PERFORATED INTERVALS	1986 - 2015						
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							

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.

X <u>W. Harold Cillum</u>	X <u>W. Harold Cillum</u>	X <u>3/30/2020</u>	<u>214-926-1188</u>
SIGNATURE	NAME (PRINT OR TYPE)	DATE	PHONE NUMBER
X <u>P.O. Box 2105</u>	<u>Cleburne</u>	<u>Texas</u>	<u>76033</u>
ADDRESS	CITY	STATE	ZIP
			X <u>haroldcillum.net</u>
			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.

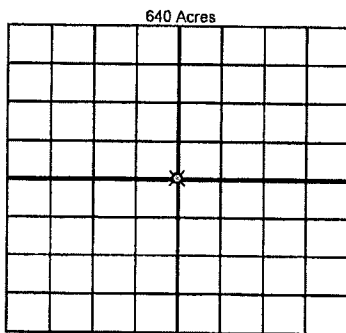
NAMES OF FORMATIONS	TOP
Misener	1986

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

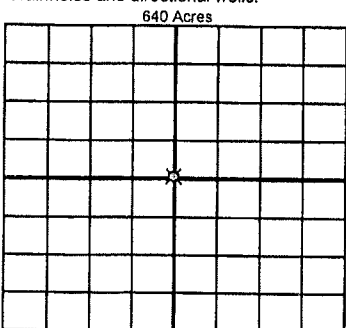
Other remarks: _____



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	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: