

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.: 35085210690002

Completion Report

Spud Date: December 15, 2018

OTC Prod. Unit No.:

Drilling Finished Date: December 29, 2018

Amended

1st Prod Date: April 02, 2019

Amend Reason: SIDETRACK

Completion Date: February 13, 2019

Drill Type: DIRECTIONAL HOLE

Well Name: EHU-RENICK 1-14

Purchaser/Measurer:

Location: LOVE 14 6S 1W
NE NE SE NE
1155 FSL 2410 FWL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 742

First Sales Date:

Operator: E2 OPERATING LLC 23901

1560 E 21ST ST STE 215
TULSA, OK 74114-1345

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			1087		130	SURFACE
PRODUCTION	5 1/2			8968		350	5393

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

Total Depth: 9000

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

Plug	
Depth	Plug Type
8037	50 SACKS CEMENT IN 5 1/2
6670	50 SACKS CEMENT IN 5 1/2
3209	150 SACKS OPEN HOLE

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 02, 2019	DEESE	15				104	PUMPING			

Completion and Test Data by Producing Formation

Formation Name: DEESE		Code: 404DEESS		Class: OIL	
Spacing Orders		Perforated Intervals			
Order No	Unit Size	From	To		
532907	UNIT	8651	8701		
Acid Volumes		Fracture Treatments			
2,000 GALLONS 7.5% HCL		X-LINK GEL FRAC, 1,462 BARRELS, 50,000 POUNDS 20/40 WHITE SAND			

Formation	Top
DEESE	8250

Were open hole logs run? Yes
Date last log run: January 23, 2019

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
OCC - OPERATOR SIDETRACKED WELL AT 1,170' RIGHT OUT FROM UNDERNEATH SURFACE CASING.

Bottom Holes
<p>Sec: 13 TWP: 6S RGE: 1W County: LOVE</p> <p>SE SW SW NW</p> <p>190 FSL 362 FWL of 1/4 SEC</p> <p>Depth of Deviation: 0 Radius of Turn: 0 Direction: 0 Total Length: 0</p> <p>Measured Total Depth: 9000 True Vertical Depth: 8800 End Pt. Location From Release, Unit or Property Line: 1284</p>

FOR COMMISSION USE ONLY
<div>Status: Accepted</div> <div>1143948</div>

API NO. 085-21069A
OTC PROD.
UNIT NO.

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

RECEIVED

Form 1002A
Rev. 2009

OCT 15 2019

OKLAHOMA CORPORATION COMMISSION

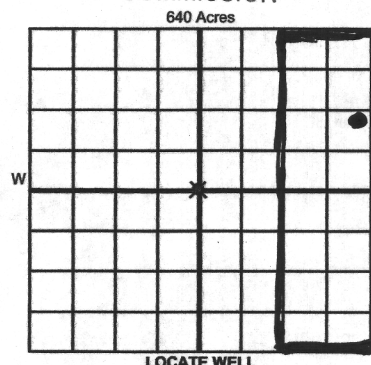
COMPLETION REPORT

ORIGINAL
AMENDED (Reason) *Sidetrack*

TYPE OF DRILLING OPERATION
☐ STRAIGHT HOLE ☒ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
SERVICE WELL

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

COUNTY *LOVE* SEC *14* TWP *6S* RGE *1W*
NAME *EMER-RENICK* WELL NO. *1-14* 1st PROD DATE *4-2-19*
NE 1/4 NE 1/4 SE 1/4 NE 1/4 FSL OF 1/4 SEC *1155* FWL OF 1/4 SEC *2410* RECOMP DATE
ELEVATION Derrick FL Ground *742* Latitude (if known) Longitude (if known)
OPERATOR NAME *E Z OPERATING LLC* OTC / OCC OPERATOR NO. *23901*
ADDRESS *1560 E 21ST ST STE 215*
CITY *TULSA* STATE *OK* ZIP *74114*



COMPLETION TYPE

☒ SINGLE ZONE
☐ 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							
INTERMEDIATE							
PRODUCTION							
LINER							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
TOTAL DEPTH *9000*

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION *DEESE (TUSSY)*
SPACING & SPACING
ORDER NUMBER *532907 (unit)*
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc
OIL
PERFORATED INTERVALS *8651-8668 4 holes per ft*
8672-76 "
8698-8701 "
ACID/VOLUME *2000 GAL 7.5 HCL*
X LINK GEL FRAC
1462 BBLS
FRACTURE TREATMENT (Fluids/Prop Amounts) *50,000# 20/40 WHITE SAND*

Monitor Report to Free Focus

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	<i>4.2-19</i>
OIL-BBL/DAY	<i>15</i>
OIL-GRAVITY (API)	
GAS-MCF/DAY	
GAS-OIL RATIO CU FT/BBL	
WATER-BBL/DAY	<i>104</i>
PUMPING OR FLOWING	<i>DUMPING</i>
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.

SIGNATURE *VICKIE HARTER* NAME (PRINT OR TYPE) *VICKIE HARTER* DATE *5-1-19* PHONE NUMBER *918-281-5274*
ADDRESS *1560 E 21ST ST STE 215* CITY *TULSA* STATE *OK* ZIP *74114* EMAIL ADDRESS *vharter@exponent-energy.com*

AS SUBMITTED

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
T. D.	9000.

LEASE NAME

RENICK

WELL NO.

1-14

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ITD on file ☐ YES ☐ NO

APPROVED DISAPPROVED

2) Reject Codes

Were open hole logs run?

☒ yes ☐ no

Date Last log was run

1-23-19

Was CO₂ encountered?

☐ yes ☒ no at what depths?

Was H₂S encountered?

☐ yes ☒ no at what depths?

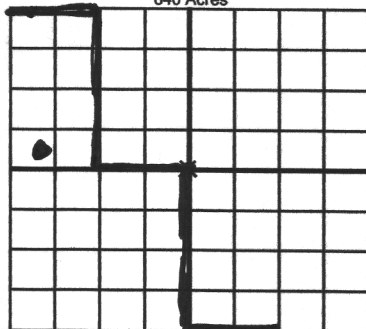
Were unusual drilling circumstances encountered?
If yes, briefly explain below

☐ yes ☒ no

Other remarks:

OCC - Operator side tanked well at 1170' right out from underneath surface casing.

640 Acres



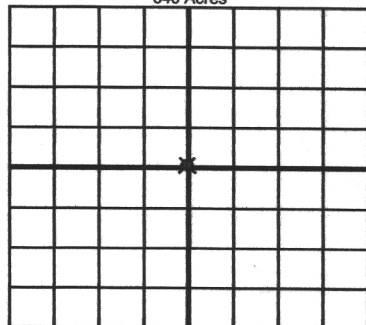
If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

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 13	TWP 6S	RGE 1W	COUNTY LOVE	362
Spot Location SE 1/4 SW 1/4 SW 1/4 NW 1/4	Feet From 1/4 Sec Lines FSL 190	FWL 250		
Measured Total Depth 9000	True Vertical Depth 8800	BHL From Lease, Unit, or Property Line: 1070 1284		

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

Image W-1002A

Showing Plugs Set
in Abandon
straight HoleOKLAHOMA CORPORATION COMMISSION
TO SEND THIS FORM TO THE OCC, PLEASE
USE THE APPROPRIATE DISTRICT OFFICE
ADDRESS (ON THE BACK OF THIS FORM)Form 1003-10036
Rev. 2011/8

TYPE OR USE BLACK INK

API NO. **085-21069A**
OTC PROD. UNIT NO.
PLUGGING DATE **12/03/18**

PLUGGING RECORD

OAC 165-10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No. **Renick 1-14**
Location **NE 1/4 NE 1/4 SE 1/4 NE 1/4** Sec **14** Twp **6S** Rge **1W**
1155 Ft FSL of 1/4 Sec **2410** Ft FWL of 1/4 Sec County **Love**
Total Depth **8728** Base of Treatable Water **990** Well Classification **OIL**

Locate Well on Grid

OPERATOR

Name **E2 OPERATING LLC** OTC/OCC No. **23901**
Address **1560 E 21ST STE 215** Phone **918-281-5274**
City **TULSA** State **OK** Zip Code **74114** Email Addr. **vharter@exponent-energy.com**

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
			Surface
			I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	To
Set 2 -	From	To
Set 3 -	From	To
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	CMT	5 1/2	8037	50	53	7872	
2	CMT	5 1/2	6670	50	53	6385	
3	CMT	7 7/8	3209	150	159	2744	
4							
5							

REMARKS

WANT TO DRILL SIDETRACK FROM SAME SURFACE LOCATION.

Reason for Plugging

CEMENTER CERTIFICATION

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 **Tyler Rauscher** Date _____ Name and Title Typed or Printed **Tyler Rauscher-Cementer**
Company Name **Quasar Energy Services, Inc** Permit No. **869**
Address **3288 FM 51** Phone _____
City **Gainesville** State **TX** Zip **76240**

OPERATOR CERTIFICATION

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 **Vickie Harter** Date **4-24-19** Name and Title Typed or Printed **REG. AFF. VICKIE HARTER**

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