

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.: 35007239650003

Completion Report

Spud Date: August 21, 1993

OTC Prod. Unit No.:

Drilling Finished Date: September 12, 1993

Amended

1st Prod Date: April 09, 1994

Amend Reason: PLUGGED AND ABANDONED WELLBORE

Completion Date: November 05, 1993

Recomplete Date: March 21, 2020

Drill Type: STRAIGHT HOLE

Well Name: NAYLOR 1-4

Purchaser/Measurer:

Location: BEAVER 4 1N 22E CM
N2 SW SW NW
465 FSL 330 FWL of 1/4 SEC
Derrick Elevation: 2872 Ground Elevation: 0

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.	
	Commingled				

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	8 5/8	24	J-55	1613		700	SURFACE
PRODUCTION	4 1/2	10.5 / 11.6	J-55 / K-55	8600		325	7482

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

Total Depth: 8600

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

Plug	
Depth	Plug Type
620	CEMENT
1665	CEMENT
6285	CEMENT
8200	CIBP

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: MERAMEC (ST GENEVIEVE) Code: 353MRMSG Class: PLUG AND ABANDON										
Spacing Orders				Perforated Intervals						
Order No		Unit Size		From		To				
370918		640		8242		8260				
Acid Volumes				Fracture Treatments						
5,000 GALLONS 15% HCL				NONE						
Formation Name: ST LOUIS Code: 353STLS Class: PLUG AND ABANDON										
Spacing Orders				Perforated Intervals						
Order No		Unit Size		From		To				
370918		640		8308		8352				
Acid Volumes				Fracture Treatments						
NONE				NONE						
Formation			Top							
SEE PREVIOUS			0							
Were open hole logs run? No										
Date last log run:										
Were unusual drilling circumstances encountered? No										
Explanation:										
Other Remarks										
PLUGGED AS OF MARCH 21, 2020. CIBP + CEMENT PLUG @ 8,200' BAIL DUMP 1 SACK CEMENT, TOP OF CEMENT @ 8,190'; CEMENT PLUG @ 6,285' WITH 20 SACKS CEMENT, TOP OF CEMENT @ 6,080'; CEMENT PLUG @ 1,665' WITH 65 SACKS CEMENT, TOP OF CEMENT @ 1,500'; CEMENT PLUG @ 620' WITH 30 SACKS CEMENT, TOP OF CEMENT @ 520'; CEMENT PLUG @ 34' WITH 10 SACKS CEMENT, TOP OF CEMENT @ 4' VISIBLE. FORM 1003 HAS BEEN SUBMITTED TO DISTRICT OFFICE AND A COPY IS ATTACHED.										
FOR COMMISSION USE ONLY										
Status: Accepted										1145316

03
(F)

(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

<input type="checkbox"/>	ORIGINAL
<input checked="" type="checkbox"/>	AMENDED (Reason)

P&A WELLBORE

COMPLETION REPORT

TYPE OF DRILLING OPERATION

<input checked="" type="checkbox"/>	STRAIGHT HOLE	<input type="checkbox"/>	DIRECTIONAL HOLE	<input type="checkbox"/>	HORIZONTAL HOLE
<input type="checkbox"/>	SERVICE WELL				

SPUD DATE	8/21/93
DRLG FINISHED DATE	9/12/93
DATE OF WELL COMPLETION	11/5/93

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

COUNTY	BEAVER	SEC	4	TWP	1N	RGE	22ECM	DATE OF WELL COMPLETION	11/5/93
LEASE NAME	NAYLOR					WELL NO.	1-4	1st PROD DATE	4/9/94
N/2 1/4 SW 1/4 SW 1/4 NW 1/4		FSL OF 1/4 SEC	465	FWL 1/4 SEC		330	RECOMP DATE	03/12/20	21
ELEVATION		2872		Ground		Latitude (if known)		Longitude (if known)	
Derrick FL									
OPERATOR NAME	SHERIDAN PRODUCTION COMPANY LLC						OTC / OCC OPERATOR NO.	22220	
ADDRESS		1360 POST OAK BLVD., STE 2500							
CITY	HOUSTON					STATE	TX	ZIP	77056

840 Acres

W

10

LOCATE WELL

COMPLETION TYPE		
	SINGLE ZONE	
	MULTIPLE ZONE	
	Application Date	
	COMMINGLED	
	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	J55	1613		700	SURFACE
INTERMEDIATE							
PRODUCTION	4-1/2	10.5	J55	8600		325	7482
LINER		11.6	K55				
PLUG 8	8200	TYPE	CIRP	PLUG 8	6285	TYPE	CMT
						TOTAL	8,600

PACKER @	_____	BRAND & TYPE	_____	PLUG @	8200	TYPE	CIBP	PLUG @	6285	TYPE	CMT
PACKER @	_____	BRAND & TYPE	_____	PLUG @	620	TYPE	CMT	PLUG @	1665	TYPE	CMT

TOTAL
DEPTH

8,600

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	ST GENEVIEVE	ST LOUIS				
SPACING & SPACING ORDER NUMBER	640/370918	640/370918				No Frac
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	PLA DRY	PLA DRY				
PERFORATED INTERVALS	8242	8308				
	8260	8352				
ACID/VOLUME	5000 GAL 15% HCL	none				
FRACTURE TREATMENT (Fluids/Prop Amounts)						
	none	none				

Min Gas Allowable (165:10-17-7)

Gas Purchaser/Measurer

11

OR

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	INJ					
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.

(3) Lyne A. Brillman
SIGNATURE

JOYCE A WILLIAMS

5/12/2020

713-548-1070

SIGNATURE

NAME (PRINT OR TYPE)

DATE _____

PHONE NUMBER

1360 POST OAK BLVD., STE 2500

HOUSTON

TX

77056

iwilliams@sheridanproduction.com

ADDRESS

CIT

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 NAYLOR

WELL NO. 1-4

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 ₂ encountered?	_____ yes _____ no at what depths? _____
Was H ₂ S encountered?	_____ yes _____ no at what depths? _____
Were unusual drilling circumstances encountered?	_____ yes _____ no
If yes, briefly explain below	

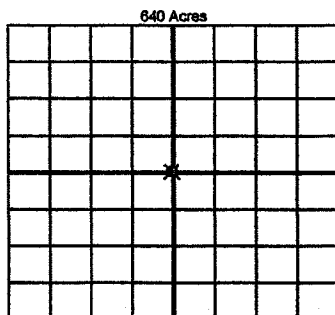
Other remarks: PLUGGED AS OF 3/21/20.

CIBP+CEM PLUG @ 8200' BAIL DUMP 1 SX CEMENT; TOC @ 8190'; CEMENT PLUG @ 6285' w/20 SX CEMENT; TOC @ 6080'

CEMENT PLUG @ 1665 w/65 SX CEMENT, TOC @ 1500'; CEMENT PLUG @ 620' w/30 SX CEMENT, TOC @ 520';

CEMENT PLUG @ 34' w/10 SX CEMENT, TOC @ 4' VISIBLE

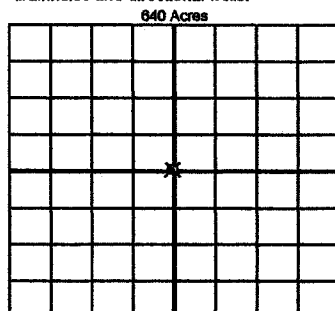
FORM 1003 HAS BEEN SUBMITTED TO DISTRICT OFFICE AND A COPY IS ATTACHED.



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	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	Total Length
		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	Total Length
		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	Total Length
		BHL From Lease, Unit, or Property Line:	

OKLAHOMA CORPORATION COMMISSION
TO SEND THIS FORM TO THE OCC, PLEASE
USE THE APPROPRIATE DISTRICT OFFICE
ADDRESS (ON THE BACK OF THIS FORM)

Form 1003/1003C
Rev. 2018

TYPE OR USE BLACK INK

API NO. 007-23965
OTC PROD. UNIT NO.
PLUGGING DATE 03/21/20

PLUGGING RECORD

OAC 165-10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No. Naylor 1-4
Location 1/4 SW 1/4 SW 1/4 NW 1/4 Sec 4 Twp 1N Rge 22ECM
465 Ft FSL of 1/4 Sec 330 Ft FWL of 1/4 Sec Beaver
Total Depth 8600' Base of Treatable Water 570' County Well Classification Gas

Locate Well on Grid

OPERATOR

Name Sheridan Production Company, LLC
Address 1360 Post Oak Blvd, STE 2500
City Houston State TX Zip Code 77056 Email Addr. jwilliams@sheridanproduction.com
OTC/OCC No. 22220-0 Phone 713-548-1000

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	1615'		Surface
			I.C.
			I.C.
4 1/2"	8600'	2230'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From	8242'	To	60'
Set 2 - From	8308'	To	52'
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	CIBP+CEM	4 1/2"	8200'	1	1.18	8190'	
2	CEM	4 1/2"	6285'	20	23.6		6080'
3	CEM	8 5/8" + 7 7/8"	1665'	65	76.7		1500'
4	CEM	8 5/8"	620'	30	35.4	520'	
5	CEM	8 5/8"	34'	10	11.8	4'	VIS

REMARKS

Reason for Plugging

FAILED MIT

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 *Kirby Lillard* Date 3/21/20 Name and Title Typed or Printed Kirby Lillard / Pres.
Company Name Sargent & Lillard Casing Pulling Inc. Permit No. 803
Address P.O. Box 1450 Phone 580-254-1881
City Woodward State OK Zip 73802

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 *Joyce A. Williams* Date 15/12/20 Name and Title Typed or Printed 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