

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.: 35007202180002

Completion Report

Spud Date: October 31, 1967

OTC Prod. Unit No.: 007-040952-0-0000

Drilling Finished Date: November 06, 1967

Amended

1st Prod Date: September 01, 1968

Amend Reason: PLUGGED AND ABANDONED WELLBORE

Completion Date: November 06, 1967

Recomplete Date: March 21, 2020

Drill Type: STRAIGHT HOLE

Well Name: STANLEY 1-9

Purchaser/Measurer:

Location: BEAVER 9 4N 28E CM
C NW SE
1980 FSL 660 FWL of 1/4 SEC
Derrick Elevation: 0 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	13 3/8	54.5	LS-65	615		730	SURFACE
PRODUCTION	4 1/2	9.5	J-55	6918		250	5908

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

Total Depth: 6958

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

Plug	
Depth	Plug Type
730	CEMENT
770	CEMENT
6650	CIBP
6704	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
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There are no Initial Data records to display.

Completion and Test Data by Producing Formation

Formation Name: CHESTER

Code: 354CSTR

Class: PLUG AND ABANDON

Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
44149	640	6710	6875

Acid Volumes	Fracture Treatments
32,000 GALLONS 15% HCL	NONE

Formation Name: MORROW

Code: 402MRRW

Class: PLUG AND ABANDON

Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
43718	640	6692	6697

Acid Volumes	Fracture Treatments
500 GALLONS 7.5% HCL, 50 BIO BALLS	NONE

Formation	Top
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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

1145321

Status: Accepted

(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

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

P&A WELLBORE

COMPLETION REPORT

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE

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

COUNTY	BEAVER	SEC	9	TWP	04N	RGE	28ECM	DATE OF WELL COMPLETION	11/6/1967
LEASE NAME	STANLEY				WELL NO.	1-9	1st PROD DATE	9/1/1968	
1/4 C 1/4 NW 1/4 SE 1/4	FSLOF 1/4 SEC	1980	FUL 1/4 SEC	660	RECOMP DATE	03/21/20			
ELEVATION	Ground		Latitude (if known)		Longitude (if known)				
OPERATOR NAME	SHERIDAN PRODUCTION COMPANY LLC					OTC / OGC OPERATOR NO.		22220	
ADDRESS	1360 POST OAK BLVD., STE 2500								
CITY	HOUSTON				STATE	TX	ZIP	77056	

SPUD DATE	10/31/1967
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DRLG FINISHED	11/6/1967
DATE	

DATE	
DATE OF WELL COMPLETION	11/6/1967

1st PROD DATE	9/1/1968
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RECORD DATE	02/21/20
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RECOMP DATE 03/21/20

Longitude
(if known)

C/OCC 22220

OPERATOR NO. 2500

2500

TX ZIP 77056

640 Acres

A 10x10 grid with a vertical line at the 5th column and a horizontal line at the 5th row. An asterisk is at the intersection of the 5th column and 6th row. The label 'w' is at the end of the 5th row.

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	13 3/8	54.5	LS65	615		730	<i>surface</i>
INTERMEDIATE							
PRODUCTION	4-1/2	9.5	J55	6918		250	5908
LINER							

PACKER @	BRAND & TYPE	PLUG @	6650	TYPE	CIBP	PLUG @	770	TYPE	CMT
PACKER @	BRAND & TYPE	PLUG @	730	TYPE	CMT	PLUG @	6704	TYPE	CIBP

COMPLETION & TEST DATA BY PRODUCING FORMATION 354C STR 402 MRRW

DATE	TIME	LOCATION	ACTIVITY	REMARKS
10/10/12	10:00 AM	10-11th Ave

FORMATION	CHESTER	MURROW				
SPACING & SPACING	640/44149	640/43718				
ORDER NUMBER						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	P4A DRY	P4A DRY				
PERFORATED INTERVALS	6710	6692				
	6875	6697				
ACID/VOLUME	32000 GAL 15% HCL	500 GALS 7.5%				
FRACTURE TREATMENT (Fluids/Prop Amounts)		HCL 50 BIO BALLS				
	none	none				

INITIAL TEST DATA	<input type="checkbox"/>	Min Gas Allowable	(165:10-17-7)	Gas Purchaser/Measurer	_____
		OR		First Sales Date	_____
		Oil Allowable	(165:10-13-3)		

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						

<p>A record of the formalisms 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.</p>					
<p><i>Joyce A. Williams</i></p>		<p>JOYCE A WILLIAMS</p>		<p>5/12/2020</p>	
<p>SIGNATURE</p>		<p>NAME (PRINT OR TYPE)</p>		<p>DATE</p>	
<p>360 POST OAK BLVD., STE 2500</p>		<p>HOUSTON TX 77056</p>		<p>jwilliams@sherdanproduction.com</p>	
<p>ADDRESS</p>		<p>CITY STATE ZIP</p>		<p>EMAIL ADDRESS</p>	

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.	007-20218
OTC PROD. UNIT NO.	
PLUGGING DATE	03/25/20

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No.				Stanley 1-9			
Location		1/4 C 1/4 NW 1/4 SE 1/4		Sec	9	Twp	4N Rge 28ECM
1980		Ft FSL of 1/4 Sec 660		Ft FWL of 1/4 Sec		County Beaver	
Total Depth	6958'	Base of Treatable Water	720'	Well Classification	Gas		

OPERATOR

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				jwilliams@sheridanproduction.com							

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
13 3/8"	615'		Surface
			I.C.
			I.C.
4 1/2"	6918'	2010'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	6692'	To	97'
Set 2 -	From	6710'	To	6875'
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"	6650'	1	1.18	6640'	
2	CEM	13 3/8"+ 7 7/8"	770	125	147.5		730'
3	CEM	13 3/8"+ 7 7/8"	730'	125	147.5		557'
4	CEM	13 3/8"	34'	25	29.5	4'	VIS
5							

REMARKS

Reason for Plugging

~~COMPLIANCE FOR~~ LOST LEASE

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	<i>Kirby Lillard</i>	Date	3/25/20	Name and Title Typed or Printed	Kirby Lillard / Pres
Company Name				Sargent & Lillard Casing-Pulling Inc.	
Address				P.O. Box 1450	
City				Woodward	
State				OK	
Permit No.				803	
Phone				580-254-1881	
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	<i>Joyce A. Williams</i>	Date	5/12/20	Name and Title Typed or Printed	Joyce A. Williams - Regulatory Analyst
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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