

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.: 35007234400001

**Completion Report**

Spud Date: March 16, 1988

OTC Prod. Unit No.:

Drilling Finished Date: March 30, 1988

**Amended**

1st Prod Date:

Amend Reason: PLUGGED AND ABANDONED WELLBORE

Completion Date: July 11, 1988

Recomplete Date: March 23, 2020

**Drill Type: STRAIGHT HOLE**

Well Name: LOURETTA 1-9

Purchaser/Measurer:

Location: BEAVER 9 4N 28E CM  
W2 W2 E2 SW  
1320 FSL 1620 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.	
	Commingled				

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	8 5/8	24	K-55	1100	700	730	SURFACE
PRODUCTION	4 1/2	11.6	J-55	7000	3000	155	6378

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

**Total Depth: 7000**

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

Plug	
Depth	Plug Type
34	CEMENT
1151	CEMENT
6680	PBTD

Initial Test Data
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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

Order No	Unit Size
44149A	640

#### Perforated Intervals

From	To
6720	6862

#### Acid Volumes

2,500 GALLONS 15% HCL
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#### Fracture Treatments

UPPER INTERVAL - 40,000 GALLONS 70 CO2 FOAM  
WITH 65,000 POUNDS 20/40 SAND;  
LOWER INTERVAL - 16,000 GALLONS 70 CO2 PAD  
WITH 8,000 GALLONS 70 CO2 FOAMED 28% HCL

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 27, 2020.  
CEMENT PLUG @ 6,680' BAIL DUMP 1 SACK CEMENT, TOP OF CEMENT @ 6,670'; CEMENT PLUG @ 1,151' WITH 65 SACKS CEMENT, TOP OF CEMENT @ 960'; CEMENT PLUG @ 34' WITH 10 SACKS CEMENT, TOP OF CEMENT CALCULATED @ 4' VISIBLE. FORM 1003 HAS BEEN SUBMITTED TO DISTRICT OFFICE AND A COPY IS ATTACHED.

### FOR COMMISSION USE ONLY

1145322

Status: Accepted

API NO. 007-23440  
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

Form 1002A  
Rev. 2008

☐ ORIGINAL  
☒ AMENDED (Reason)

P&A WELLBORE

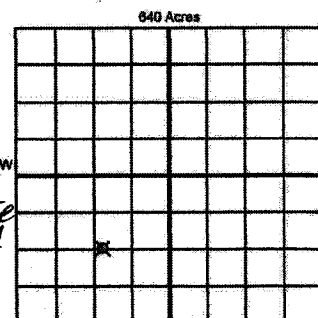
COMPLETION REPORT

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE  
SERVICE WELL

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

COUNTY	BEAVER	SEC	9	TWP	4N	RGE	28ECM
LEASE NAME	LOURETTA			WELL NO.	1-9		
W/2 SW/4 E2 1/4 SW 1/4	FSL OF 1/4 SEC	1320	PWL 1/4 SEC	1620	DATE OF WELL COMPLETION	7/11/88	
ELEVATION	1049	Ground	1026	Latitude (if known)	Longitude (if known)	RECOMP DATE 03/23/20	
OPERATOR NAME	SHERIDAN PRODUCTION COMPANY LLC			OTC / OCC OPERATOR NO.	22220		
ADDRESS	1360 POST OAK BLVD., STE 2500						
CITY	HOUSTON		STATE	TX	ZIP	77056	



COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE	
<input type="checkbox"/> MULTIPLE ZONE	
Application Date	
<input type="checkbox"/> 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	K55	1100	700	730	Surface
INTERMEDIATE							
PRODUCTION	4-1/2	11.6	J55	7000	3000	155	6378
LINER							

PACKER @ BRAND & TYPE PLUG @ 6680 TYPE PBDT PLUG @ 1151 TYPE CMT  
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ 34 TYPE CMT

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	CHESTER							No New Frac
SPACING & SPACING ORDER NUMBER	640/44149A							
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	-DRY P&A							
PERFORATED INTERVALS	6720							
	6862							
ACID VOLUME	2500 GAL 15% HCL							
FRACTURE TREATMENT (Fluids/Prop Amounts)	Upper Interval 40,000 gals 70 CO <sub>2</sub> Foam @ 65,000 lbs 28/40 sand							
	Lower Interval 16,000 gals 70 CO <sub>2</sub> foam @ 8,000 gals 70 CO <sub>2</sub> Foam 28% HCL							original Frac HBB

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	DKC						
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.

SIGNATURE	JOYCE A WILLIAMS	DATE	5/5/2020	PHONE NUMBER	713-548-1070
ADDRESS	HOUSTON TX 77056	EMAIL ADDRESS	jwilliams@sheridanproduction.com		

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
SEE PREVIOUS	

LEASE NAME LOURETTA WELL NO. 1-9

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 <sub>2</sub> encountered?	<input type="checkbox"/> yes <input type="checkbox"/> no at what depths?
Was H <sub>2</sub> 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: PLUGGED AS OF 3/27/20.

CEMENT PLUG @ 6680' BAIL DUMP 1 SX CEMENT; TOC @ 6670'; CEMENT PLUG @ 1151' w/65 SX CEMENT; TOC @ 960'

CEMENT PLUG @ 34' w/10 SX CEMENT; TOC CALCULATED @ 4' VISIBLE.

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

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	TWP	RGE	COUNTY
Spot Location			
1/4	1/4	1/4	1/4
Feet From 1/4 Sec Lines		FSL	FWL
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
Feet From 1/4 Sec Lines		FSL	FWL
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
Feet From 1/4 Sec Lines		FSL	FWL
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
Feet From 1/4 Sec Lines		FSL	FWL
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	
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. 007-23440  
OTC PROD. UNIT NO  
PLUGGING DATE 03/27/20

PLUGGING RECORD

OAC 165:10-11-7

(PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No. Louretta 1-9  
Location 1/4 W/2 1/4 E/2 1/4 SW 1/4 Sec 9 Twp 4N Rge 28ECM  
1320 Ft FSL of 1/4 Sec 1620 Ft FWL of 1/4 Sec County Beaver  
Total Depth 7000' Base of Treatable Water 750' 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 Addr. jwilliams@sheridanproduction.com

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
8 5/8"	1100'		Surface
			I.C.
			I.C.
4 1/2"	7000'	2510'	P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 - From	6720'	To	6862'
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	CIBP+CEM	4 1/2"	6680'	1	1.18	6670'	
2	CEM	8 5/8"+ 7 7/8"	1151'	65	76.7		960'
3	CEM	8 5/8"	34'	10	11.8	4'	VIS
4							
5							

REMARKS

CURRENTLY NO POTENTIAL RESERVES FOR FUTURE WORK.

Reason for Plugging

LOST LEASE. NO

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

Date Name and Title Typed or Printed

Kirby Lillard

3/27/20 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

Date Name and Title Typed or Printed

Joyce A. Williams

5/5/20 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