

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.: 35141205260000

Completion Report

Spud Date: January 24, 2020

OTC Prod. Unit No.: 141-226644-0-0000

Drilling Finished Date: February 01, 2020

1st Prod Date: April 19, 2020

Completion Date: February 24, 2020

Drill Type: STRAIGHT HOLE

Well Name: IVANHO 1

Purchaser/Measurer:

Location: TILLMAN 12 3S 18W
NE SW SW SW
350 FSL 350 FWL of 1/4 SEC
Derrick Elevation: 1197 Ground Elevation: 1191

First Sales Date:

Operator: AC OPERATING COMPANY LLC 23061

952 ECHO LN STE 390
HOUSTON, TX 77024-2851

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	9 5/8	36	J-55	252		140	SURFACE
PRODUCTION	5 1/2	17	L-80	5487		260	3530

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

Total Depth: 5487

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
There are no Packer records to display.		4995	CIBP
		5061	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
Apr 10, 2020	STRAWN	10	40				PUMPING		OPEN	

Completion and Test Data by Producing Formation

Formation Name: STRAWN

Code: 404STRN

Class: OIL

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
4936	4950

Acid Volumes

2,000 GALLONS 15%, 5,000 GALLONS 20% GELLED HCL

Fracture Treatments

NONE

Formation Name: MISSISSIPPIAN

Code: 359MSSP

Class: DRY

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
5000	5038
5072	5086

Acid Volumes

5,000 GALLONS 20% GELLED HCL (EACH SET OF PERFORATIONS)

Fracture Treatments

NONE

Formation	Top
TOP OF CANYON	3108
TOP OF STRAWN GROUP	4001
TOP OF STRAWN CONGLOMERATE	4938

Were open hole logs run? Yes

Date last log run: February 01, 2020

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

There are no Other Remarks.

FOR COMMISSION USE ONLY

1145097

Status: Accepted

API
NO. 141-20526
OTC PROD.
UNIT NO. 141-226644

(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) _____

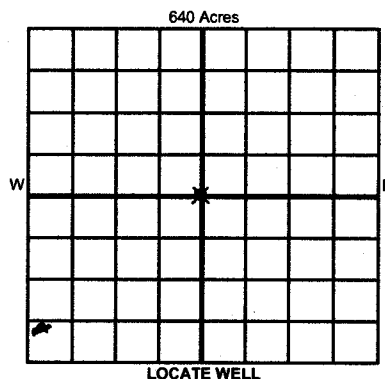
COMPLETION REPORT

TYPE OF DRILLING OPERATION

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

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

COUNTY	Tillman	SEC	12	TWP	035	RGE	18W	SPUD DATE	1/24/2020
LEASE NAME	Evansho	WELL NO.	1	DATE OF WELL COMPLETION	2/1/2020	1st PROD DATE	4/9/2020		
NW 1/4 SW 1/4 SW 1/4 SW 1/4	FSL OF 1/4 SEC	350'	FWL OF 1/4 SEC	350'	RECOMP DATE				
ELEVATION Derrick FL	1197	Ground	1191'	Latitude (if known)	34.305997042	Longitude (if known)	-99.043978077		
OPERATOR NAME	AC Operating Company, LLC	OTC / OCC OPERATOR NO.	23061						
ADDRESS	952 Echo Lane, Suite 390								
CITY	Houston	STATE	TX	ZIP	77024				



COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE	
<input type="checkbox"/> MULTIPLE ZONE	
Application Date	
<input type="checkbox"/> 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	9 5/8	36#	J-55	232		140	Sur. face
INTERMEDIATE							
PRODUCTION	5 1/2	17#	L-80	5487		260	3530
LINER							

PACKER @ _____ BRAND & TYPE _____

PLUG @ 4995 TYPE CIBP PLUG @ 5061 TYPE CIBP

TOTAL DEPTH 5487

PACKER @ _____ BRAND & TYPE _____

PLUG @ 4045 TRN TYPE 359 MESSP

Per Michael, through Cindie Nettles

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Strawn	Mississippian	No Frac
SPACING & SPACING	none	none	
ORDER NUMBER			
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Oil	Dry	
PERFORATED INTERVALS	4936-50	5000-5038 5072-5086	
ACID/VOLUME	2000 g 15%	5000 gals 20% gelled HCL (each zone)	
FRACTURE TREATMENT (Fluids/Prop Amounts)	None	none	

RECEIVED
APR 23 2020
Oklahoma Corporation
Commission

Min Gas Allowable

(165:10-17-7)

Gas Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

Oil Allowable

(165:10-13-3)

INITIAL TEST DATE	4/10/20				
OIL-BBL/DAY	10		0		
OIL-GRAVITY (API)	40		0		
GAS-MCF/DAY			0		
GAS-OIL RATIO CU FT/BBL					
WATER-BBL/DAY	0				
PUMPING OR FLOWING	Pumping				
INITIAL SHUT-IN PRESSURE					
CHOKE SIZE	Open				
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.

Michael A Odegaard
SIGNATURE

Michael A Odegaard
NAME (PRINT OR TYPE)

4-16-20
DATE

713 881 9030
PHONE NUMBER

952 Echo Lane Suite 390 Houston TX 77024
ADDRESS CITY STATE ZIP

maodegaard@paceexploration.com
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.

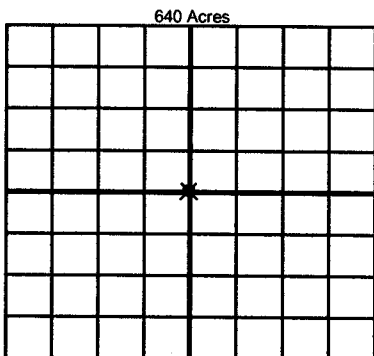
NAMES OF FORMATIONS	TOP
Top of Canyon	3108
Top of Strawn Group	4001
Top of Strawn Conglomerate	4938

LEASE NAME Ivanho WELL NO. 1

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?	<u>X</u> yes <u> </u> no
Date Last log was run	<u>2/11/20</u>
Was CO ₂ encountered?	<u> </u> yes <u>X</u> no at what depths? _____
Was H ₂ S encountered?	<u> </u> yes <u>X</u> no at what depths? _____
Were unusual drilling circumstances encountered?	<u> </u> yes <u>X</u> no
If yes, briefly explain below	

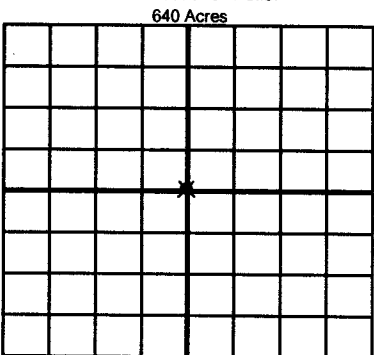
Other remarks: Tested M. Mississippian from 5000-5038' and 5072-5086'
Each zone was treated w/ 5000 gals 20% gelled HCl.
No hydrocarbons



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	Feet From 1/4 Sec Lines FSL FWL
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:			