

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.: 35011242190000

**Completion Report**

Spud Date: September 23, 2019

OTC Prod. Unit No.:

Drilling Finished Date: October 02, 2019

1st Prod Date:

Completion Date: October 10, 2019

**Drill Type:** STRAIGHT HOLE

**SERVICE WELL**

Well Name: BROWN SWD 2

Purchaser/Measurer:

Location: BLAINE 6 16N 12W  
SW NW NW NW  
467 FNL 309 FWL of 1/4 SEC  
Derrick Elevation: 0 Ground Elevation: 1582

First Sales Date:

Operator: OVERFLOW ENERGY STACK LLC 24235  
PO BOX 354  
111 S MAIN  
BOOKER, TX 79005-0354

Completion Type	
X	Single Zone
	Multiple Zone
	Commingled

Location Exception
Order No
There are no Location Exception records to display.

Increased Density
Order No
There are no Increased Density records to display.

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	9 5/8	36	J-55	386		200	SURFACE
PRODUCTION	7	26	P-110	7464		1175	1905

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

**Total Depth: 7464**

Packer	
Depth	Brand & Type
3520	AS1X

Plug	
Depth	Plug Type
There are no Plug records to display.	

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: VIRGILIAN

Code: 406VRGN

Class: COMM DISP

#### Spacing Orders

Order No

Unit Size

There are no Spacing Order records to display.

#### Perforated Intervals

From

To

5900

7020

#### Acid Volumes

5,000 GALLONS 20% HCL ACID

#### Fracture Treatments

NONE

Formation	Top
VIRGILIAN	5755
MISSOURIAN	7200

Were open hole logs run? No

Date last log run: October 07, 2019

Were unusual drilling circumstances encountered? No

Explanation:

#### Other Remarks

UIC NUMBER 1911290021. DV TOOL @ 3,541'. 4 1/2" TUBING @ 3520'

### FOR COMMISSION USE ONLY

1144542

Status: Accepted

API NO. 35-011-24219  
OTC PROD.  
UNIT NO.

PLEASE TYPE OR USE BLACK INK ONLY  
NOTE:

Attach copy of original 1002A  
if recompletion or reentry.

OKLAHOMA CORPORATION COMMISSION  
Oil & Gas Conservation Division  
Post Office Box 52000  
Oklahoma City, Oklahoma 73152-2000  
Rule 165:10-3-25

RECEIVED

JAN 13 2020

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	Blaine	SEC	06	TWP	16N	RGE	12W	SPUD DATE	09-23-19
LEASE NAME	Brown SWD			WELL NO.	2			DRLG FINISHED DATE	10-02-19
SW 1/4 NW 1/4 NW 1/4 NW 1/4	E8T OF 1/4 SEC 467			FWL OF 1/4 SEC	309			DATE OF WELL COMPLETION	10-10-19
ELEVATION N Derrick	Ground 1,582			Latitude (if known)				1st PROD DATE	
OPERATOR NAME	Overflow Energy Stack, LLC			OTC/OCC OPERATOR NO.	24235				
ADDRESS	PO Box 354								
CITY	Booker			STATE	TX		ZIP	79005	

OKLAHOMA CORPORATION COMMISSION

6									

LOCATE WELL

COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE
Application Date
<input type="checkbox"/> COMMINGLED
Application Date
LOCATION
EXCEPTION ORDER
INCREASED DENSITY ORDER NO.

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	9 5/8"	36#	J55	386		200	Surface
INTERMEDIATE							
PRODUCTION	7"	26#	P110	7,464		1,175	1,905'-RCBL
LINER							
TOTAL DEPTH						7,464'	

PACKER @ 3,520' BRAND & TYPE AS1X PLUG @ TYPE PLUG @ TYPE  
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ TYPE

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Virgilian	Virgilian	Virgilian	Virgilian	
SPACING & SPACING ORDER NUMBER					
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Comm Disp	Comm Disp	Comm Disp	Comm Disp	
PERFORATED INTERVALS	5,900'-5,950'	6,322'-6,342'	6,485'-6,505'	6,935'-6,945'	Overall:
	5,990-6,000'	6,400'-6,430'	6,570'-6,620'	6,950'-7,020'	5,900'-7,020'
	6,085'-6,095'	6,472'-6,482'	6,665'-6,705'		
ACID/VOLUME	5000 gallons of 20% HCL acid				
FRACTURE TREATMENT (Fluids/Prop Amounts)	None				

No Frac

☐ 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					
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					

AS SUBMITTED

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.

*E. Elizabeth Valenzuela*  
SIGNATURE

Elizabeth Valenzuela, Regulatory Technician

12-31-19 806-650-2215  
DATE PHONE NUMBER

PO Box 354

Booker TX 79005

permitting@oeswd.com

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

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 **X** no  
Date Last log was run      10-07-19 (RCBL)  
Was CO<sub>2</sub> encountered?      \_\_\_ yes **X** no    at what depths? \_\_\_\_\_  
Was H<sub>2</sub>S encountered?      \_\_\_ yes **X** no    at what depths? \_\_\_\_\_  
Were unusual drilling circumstances encountered?      \_\_\_ yes **X** no  
If yes, briefly explain below

Other remarks:	<u>UIC: 1911290021 DV Tool @ 3,541' 4 1/2" tubing @ 3,520'</u>

A blank 10x10 grid with a bold cross dividing it into four 5x5 quadrants.

A blank 10x10 grid with a bold cross dividing it into four 5x5 quadrants.

SEC	TWP	RGE	COUNTY		
Spot Location			Feet From 1/4 Sec Lines		FSL
1/4	1/4	1/4	1/4		FWL
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:	

LATERAL #1						
SEC	TWP	RGE	COUNTY			
Spot Location			Feet From 1/4 Sec Lines		FSL	FWL
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:			

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 #3						
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:			

API NO. 109-36289  
OTC PROD.  
UNIT NO.

(PLEASE TYPE OR USE BLACK INK ONLY)

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Rule 165:10-3-25

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Rev. 2009

JAN 14 2020

ORIGINAL  
☒ AMENDED (Reason) Recomplete

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 Oklahoma SEC 35 TWP 12N RGE 3W

LEASE NAME Hildreth WELL NO. 1

NW 1/4 NW 1/4 SE 1/4 1/4 FSL 2415 FWL OF 600

ELEVATION Ground 1183 Latitude (if known)

OPERATOR NAME TNT Operating Co. Inc. OTC / OCC OPERATOR NO. 19087

ADDRESS 10600 S. Penn, ste 16-601

CITY OKC STATE OK ZIP 73170

COMPLETION TYPE

<input type="checkbox"/>	SINGLE ZONE
<input type="checkbox"/>	MULTIPLE ZONE
<input type="checkbox"/>	Application Date
<input type="checkbox"/>	COMMINGLED
<input type="checkbox"/>	Application Date
<input type="checkbox"/>	LOCATION EXCEPTION
<input type="checkbox"/>	ORDER NO.
<input type="checkbox"/>	INCREASED DENSITY
<input type="checkbox"/>	ORDER NO.

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	10 3/4			1005'		750	surface
INTERMEDIATE							
PRODUCTION	7"			6546'			
LINER							
							6550'

PACKER @ BRAND & TYPE PLUG @ 6257 TYPE CIBP PLUG @ 6370 TYPE CIBP  
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ TYPE

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Oswego		Simpson		
SPACING & SPACING					
ORDER NUMBER	none				
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Dry		Dry		
	5958-6010		6146-6244		
PERFORATED INTERVALS					
ACID/VOLUME	none				
FRACTURE TREATMENT (Fluids/Prop Amounts)	none				

☐ 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	12/17/2019				
OIL-BBL/DAY	0				
OIL-GRAVITY ( API)					
GAS-MCF/DAY	0				
GAS-OIL RATIO CU FT/BBL					
WATER-BBL/DAY	2000bpd				
PUMPING OR FLOWING	Swabbing				
INITIAL SHUT-IN PRESSURE	0				
CHOKE SIZE					
FLOW TUBING PRESSURE					

AS SUBMITTED

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.

Byron Neher  
SIGNATURE

Byron Neher  
NAME (PRINT OR TYPE)

1/13/2020 627-1734  
DATE PHONE NUMBER

10600 S. Penn, ste 16-601	OKC	OK	73170	byron@tntoperatingokc.net
ADDRESS	CITY	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.

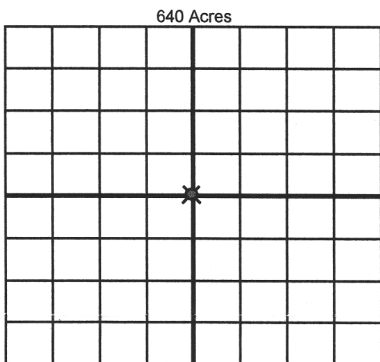
LEASE NAME Hildreth WELL NO. 1

NAMES OF FORMATIONS	TOP
See Original 1002A	

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

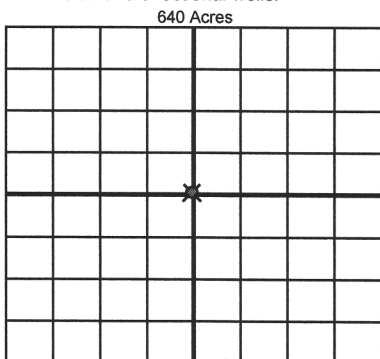
Other remarks: OCC - Operator set a retrievable plug at 6100' but it is now removed after testing the Oswego for oil and gas. Now the Oswego and Simpson are open together.



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	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	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	BHL From Lease, Unit, or Property Line:

NO. 109-36289  
OTC PROD.  
UNIT NO.

(PLEASE TYPE OR USE BLACK INK ONLY)

OKLAHOMA CORPORATION COMMISSION  
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JUN 28 2019

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Rev. 2009

☒ ORIGINAL  
☒ AMENDED (Reason)

SWD to producer

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 OKla SEC 35 TWP 2N RGE 3W  
LEASE NAME Hilareth WELL NO. 1  
NE 1/4 NW 1/4 NW 1/4 SE 1/4 FSL OF 1/4 SEC FWL OF 1/4 SEC  
ELEVATION Ground Latitude (if known) Longitude (if known)  
OPERATOR NAME TNT Operating Co. Inc. OTC / OCC OPERATOR NO. 19087  
ADDRESS 10600 S. penn, Ste 16-601  
CITY OKC STATE OK ZIP 73170

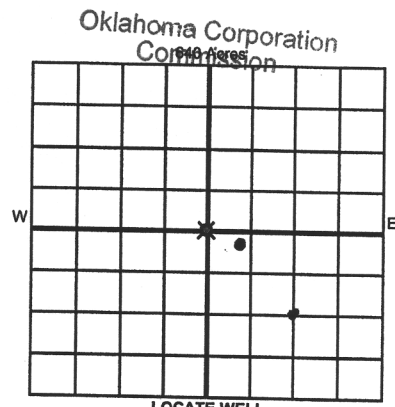
SPUD DATE

DRLG FINISHED DATE

DATE OF WELL COMPLETION

1st PROD DATE

RECOMP DATE



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	<u>10 3/4</u>			<u>1005</u>		<u>750</u>	<u>Surface</u>
INTERMEDIATE							
PRODUCTION	<u>7</u>			<u>6546</u>		<u>500</u>	<u>4990</u>
LINER							

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_  
PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	<u>OSwego</u>					
SPACING & SPACING ORDER NUMBER						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc						
PERFORATED INTERVALS						
ACID/VOLUME						
FRACTURE TREATMENT (Fluids/Prop Amounts)						

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

Gas Purchaser/Measurer



OR

First Sales Date

Oil Allowable (165:10-13-3)

INITIAL TEST DATA

INITIAL TEST DATE						
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						

AS SUBMITTED

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.

Byron R. Neher  
SIGNATURE

Byron Neher  
NAME (PRINT OR TYPE)

6-26-19 627-1734  
DATE PHONE NUMBER

Same as above  
ADDRESS

CITY STATE ZIP

byron@tntoperatingokc.net  
EMAIL ADDRESS