

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.: 35133102280002

**Completion Report**

Spud Date: November 05, 1944

OTC Prod. Unit No.: 133-06199

Drilling Finished Date: November 17, 1944

1st Prod Date: December 11, 1944

**Amended**

Completion Date: December 17, 1944

Amend Reason: CONVERT BACK TO PRODUCTION

Recomplete Date: January 07, 2020

**Drill Type: STRAIGHT HOLE**

Well Name: MCCLUNG 1

Purchaser/Measurer:

Location: SEMINOLE 11 8N 7E  
C NE SW NE  
990 FNL 990 FEL of 1/4 SEC  
Latitude: 35.183637 Longitude: -96.534922  
Derrick Elevation: 0 Ground Elevation: 0

First Sales Date:

Operator: RAYLAND OPERATING LLC 23674  
PO BOX 93  
6905 WEST DR  
MORO, IL 62067-0093

| 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           | 10.75 | 40     | J-55  | 106  |     | 50  | SURFACE    |
| PRODUCTION        | 7     | 23     | J-55  | 3153 |     | 100 | 2460       |

| Liner |      |        |       |        |     |     |           |              |
|-------|------|--------|-------|--------|-----|-----|-----------|--------------|
| Type  | Size | Weight | Grade | Length | PSI | SAX | Top Depth | Bottom Depth |
| LINER | 4.5  | 11.6   | J-55  | 3091   | 0   | 200 | SURFACE   | 3091         |

**Total Depth: 3180**

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

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

| Initial Test Data |
|-------------------|
|-------------------|

| Test Date | Formation | Oil<br>BBL/Day | Oil-Gravity<br>(API) | Gas<br>MCF/Day | Gas-Oil Ratio<br>Cu FT/BBL | Water<br>BBL/Day | Pumpin or<br>Flowing | Initial Shut-<br>In<br>Pressure | Choke<br>Size | Flow Tubing<br>Pressure |
|-----------|-----------|----------------|----------------------|----------------|----------------------------|------------------|----------------------|---------------------------------|---------------|-------------------------|
|-----------|-----------|----------------|----------------------|----------------|----------------------------|------------------|----------------------|---------------------------------|---------------|-------------------------|

There are no Initial Data records to display.

Completion and Test Data by Producing Formation

Formation Name: BOOCH                      Code: 404BOCH                      Class: OIL

| Spacing Orders |           | Perforated Intervals                             |    |
|----------------|-----------|--|----|
| Order No       | Unit Size | From   | To |
| 23682          | UNIT      | There are no Perf. Intervals records to display. |    |
| Acid Volumes   |           | Fracture Treatments                              |    |
| UNKNOWN        |           | UNKNOWN  |    |

| Formation           | Top |
|---------------------|-----|
| SEE EARLIER 1002A'S | 0   |

Were open hole logs run? No  
Date last log run:  
  
Were unusual drilling circumstances encountered? No  
Explanation:

| Other Remarks   |
|---|
| OCC - THE WELL WAS TERMINATED AS AN INJECTION WELL 7/17/2018. OCC - THIS WELL IS AN OPEN HOLE COMPLETION FROM BOTTOM OF THE 7" CASING AT 3153' TO TOTAL DEPTH AT 3180'. |

| FOR COMMISSION USE ONLY |         |
|-------------------------|---------|
| Status: Accepted        | 1144724 |

API NO. 133-10228  
OTC PROD. 133-06199  
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

RECEIVED

Form 1002A  
Rev. 2009

JAN 29 2020

☐ ORIGINAL  
☒ AMENDED (Reason)

Convert back to Production

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        | Seminole                 | SEC                    | 11    | TWP                | 08N        | RGE                     | 07E | SPUD DATE | 11/5/1944  |
| LEASE NAME    | McCLUNG                  | WELL NO.               | 1     | DRLG FINISHED DATE | 11/17/1944 | DATE OF WELL COMPLETION |     |           | 12/17/1944 |
| C             | 1/4 NE 1/4 SW 1/4 NE 1/4 | FSL OF 1/4 SEC         | 990   | PWL OF 1/4 SEC     | 990        | 1st PROD DATE           |     |           | 12/11/1944 |
| ELEVATION     | Ground                   | Latitude (if known)    |       |                    |            | RECOMP DATE             |     |           | 1/7/2020   |
| OPERATOR NAME | Rayland Operating, LLC   | OTC / OCC OPERATOR NO. | 23674 |                    |            | Longitude (if known)    |     |           |            |
| ADDRESS       | P.O. Box 93              |                        |       |                    |            |                         |     |           |            |
| CITY          | Moro                     | STATE                  | IL    | ZIP                | 62067      |                         |     |           |            |

OKLAHOMA CORPORATION COMMISSION

LOCATE WELL

COMPLETION TYPE

|   |  |
|---|--|
| <input checked="" type="checkbox"/> SINGLE ZONE |  |
| <input type="checkbox"/> MULTIPLE ZONE          |  |
| Application Date                                |  |
| 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      | 10.75 | 40#    | J-55  | 106     |     | 50  | Surface    |
| INTERMEDIATE |       |        |       |         |     |     |            |
| PRODUCTION   | 7     | 23#    | J-55  | 3153    |     | 100 | 2460'      |
| LINER        | 4.5#  | 11.6#  | J-55  | 0- 3091 |     | 200 | Surface    |
|              |       |        |       |         |     |     | 3180'      |

PACKER @ BRAND & TYPE

PLUG @ TYPE

PLUG @ TYPE

TOTAL DEPTH

COMPLETION & TEST DATA BY PRODUCING FORMATION

|   |              |  |  |  |  |  |
|---|--------------|--|--|--|--|--|
| FORMATION                                       | BOOCH        |  |  |  |  |  |
| SPACING & SPACING                               |              |  |  |  |  |  |
| ORDER NUMBER                                    | 23682 (unit) |  |  |  |  |  |
| CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc | OIL          |  |  |  |  |  |
| PERFORATED INTERVALS                            | Open Hole    |  |  |  |  |  |
|   | 3152'-3180'  |  |  |  |  |  |
| 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     |  |  |  |  |  |

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.

*Matthew Rayn* SIGNATURE *Matthew Rayn* NAME (PRINT OR TYPE) *1/7/20* DATE *618 334 2567* PHONE NUMBER  
*P.O. Box 93* ADDRESS *Moro* CITY *IL* STATE *62067* ZIP *mrayns88@gmail.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.

LEASE NAME

*McClung*

WELL NO.

*1*

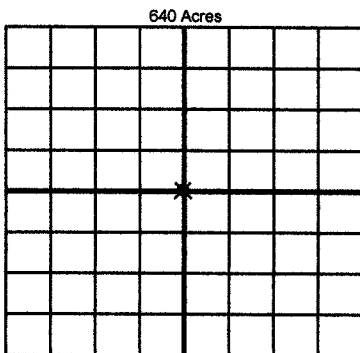
| NAMES OF FORMATIONS | TOP          |
|---------------------|--------------|
| <i>Booch</i>        | <i>3152'</i> |

| 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:

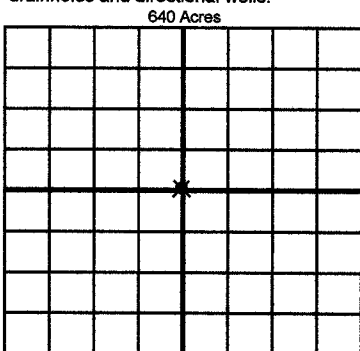
*Convert back to Prod.*



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: |

# RECEIVED

Form 1002A  
Rev. 2009

FEB 14 2020

API NO. 049-25284  
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

☒ ORIGINAL  
☐ AMENDED (Reason)

## COMPLETION REPORT

## OKLAHOMA CORPORATION COMMISSION

### TYPE OF DRILLING OPERATION

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

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

|                         |                                |                      |       |                      |            |                         |            |               |           |
|-------------------------|--------------------------------|----------------------|-------|----------------------|------------|-------------------------|------------|---------------|-----------|
| COUNTY                  | Garvin                         | SEC                  | 36    | TWP                  | 3N         | RGE                     | 3E         | SPUD DATE     | 7/25/2019 |
| LEASE NAME              | Lauderdale                     | WELL NO.             | 5     | DRLG FINISHED DATE   | 7/28/2019  | DATE OF WELL COMPLETION | 12/19/2019 | 1st PROD DATE |           |
|                         |                                |                      |       |                      |            |                         |            | RECOMP DATE   |           |
| ELEVATION<br>Derrick FL | Ground                         | Latitude (if known)  |       | Longitude (if known) |            |                         |            |               |           |
| OPERATOR NAME           | Valley Petrol Consulting, Inc. | OTC/OCC OPERATOR NO. | 23160 |                      |            |                         |            |               |           |
| ADDRESS                 | 1117 Elm Street                |                      |       |                      |            |                         |            |               |           |
| CITY                    | Denton                         | STATE                | TX    | ZIP                  | 76201-2938 |                         |            |               |           |

640 Acres

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |

W E

X

LOCATE WELL

### COMPLETION TYPE

☒ SINGLE ZONE  
☐ MULTIPLE ZONE  
Application Date  
☐ COMMINGLED  
Application Date  
LOCATION EXCEPTION ORDER NO.  
INCREASED DENSITY ORDER NO.

### CASING & CEMENT (Form 1002C must be attached)

| TYPE         | SIZE  | WEIGHT | GRADE | FEET | PSI | SAX        | TOP OF CMT |
|--------------|-------|--------|-------|------|-----|------------|------------|
| CONDUCTOR    |       |        |       |      |     |            |            |
| SURFACE      | 8 5/8 | 24     | J55   | 431  |     | 180<br>200 | Surface    |
| INTERMEDIATE |       |        |       |      |     |            |            |
| PRODUCTION   | 5 1/2 | 15.5   | J55   | 1026 |     | 125<br>175 | 350        |
| LINER        |       |        |       |      |     |            |            |
| TOTAL DEPTH  |       |        |       |      |     | 1,050      |            |

Per  
1002C's

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

### COMPLETION & TEST DATA BY PRODUCING FORMATION

405 ADA

|   |             |                 |                |  |  |
|---|-------------|-----------------|----------------|--|--|
| FORMATION                                       | Ada         |                 |                |  |  |
| SPACING & SPACING                               | none        |                 |                |  |  |
| ORDER NUMBER                                    |             |                 |                |  |  |
| CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc | Dry         | no initial test | no active PUN# |  |  |
|   | 882' - 886' |                 |                |  |  |
| PERFORATED INTERVALS                            |             |                 |                |  |  |
| ACID/VOLUME                                     | 500 gals    |                 |                |  |  |
| 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        |         |
| OIL-BBL/DAY              |         |
| OIL-GRAVITY (API)        |         |
| GAS-MCF/DAY              |         |
| GAS-OIL RATIO CU FT/BBL  |         |
| WATER-BBL/DAY            |         |
| PUMPING OR FLOWING       | Pumping |
| 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

J. K. Schuler  
NAME (PRINT OR TYPE)

2-5-2020  
DATE PHONE NUMBER

1117 N. Elm St. Denton TX 76201

ADDRESS CITY STATE ZIP EMAIL ADDRESS

PLEASE TYPE OR USE BLACK INK ONLY

