

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.: 35049252160000

Completion Report

Spud Date: September 30, 2018

OTC Prod. Unit No.: 049-225243-0-0000

Drilling Finished Date: October 14, 2018

1st Prod Date: April 09, 2019

Completion Date: April 08, 2019

Drill Type: STRAIGHT HOLE

Well Name: NANCY 1-4

Purchaser/Measurer:

Location: GARVIN 4 1N 2W
C N2 SW NW
1650 FNL 660 FWL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 0

First Sales Date:

Operator: TRIAD ENERGY INC 10399

6 NE 63RD ST STE 220
OKLAHOMA CITY, OK 73105-1401

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
CONDUCTOR	16			42		10	SURFACE
SURFACE	8.625	24	J-55	1088		435	SURFACE
PRODUCTION	5.5	17	N-80	7889		415	5104

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

Total Depth: 7890

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 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 09, 2019	GIBSON	16	37			10	PUMPING	100		

Completion and Test Data by Producing Formation			
Formation Name: GIBSON		Code: 404GBSN	
		Class: OIL	
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
31925	40	7524	7542
Acid Volumes		Fracture Treatments	
1,500 GALLONS 7 1/2%		795 BARRELS GEL, 30,680 POUNDS SAND	

Formation	Top
LAYTON	6236
PHAROAH	7053
GIBSON	7504
HART	7694
SPRINGER	7740

Were open hole logs run? Yes
 Date last log run: October 14, 2018

 Were unusual drilling circumstances encountered? No
 Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1142813

API NO. **04925216**
OTC PROD. UNIT NO. **049-225243-0-0000**

(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

COMPLETION REPORT

RECEIVED

MAY 06 2019

OKLAHOMA CORPORATION COMMISSION

Form 1002A

Rev. 2009

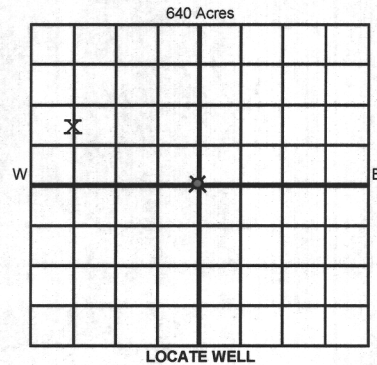
☒ ORIGINAL
☐ AMENDED (Reason) _____

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 4	TWP 1N	RGE 2W	SPUD DATE 9/30/2018
LEASE NAME Nancy				DRLG FINISHED DATE 10/14/2018
C 1/4 N 1/2 SW 1/4 NW 1/4				DATE OF WELL COMPLETION 4/8/2019
FRT OF 1/4 SEC 972				1st PROD DATE 4/9/2019
FWL OF 1/4 SEC 660				RECOMP DATE
ELEVATION Derrick FL Ground	Latitude (if known)			Longitude (if known)
OPERATOR NAME Triad Energy Inc.				OTC / OCC OPERATOR NO. 10399
ADDRESS 6 NE 63rd Street, Suite 220				
CITY Oklahoma City		STATE OK	ZIP 73105	



COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE	
<input type="checkbox"/> 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	16			42		10	surface
SURFACE	8.625	24	J-55	1088		435	surface
INTERMEDIATE							
PRODUCTION	5.5	17	N-80	7889		415	5104
LINER							
						TOTAL DEPTH	7890

PACKER @ _____ BRAND & TYPE _____

PLUG @ _____ TYPE _____

PLUG @ _____ TYPE _____

TOTAL DEPTH

7890

PACKER @ _____ BRAND & TYPE _____

PLUG @ _____ TYPE _____

PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

404 GBSN

FORMATION	Gibson						Monitor
SPACING & SPACING ORDER NUMBER	40ac & 31925						Report to Five Towns
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Oil						
PERFORATED INTERVALS	7524-7528						
	7534-7542						
ACID/VOLUME	7 1/2% / 1500 gal						
FRACTURE TREATMENT (Fluids/Prop Amounts)	795 bbls gel						
	30680# sd						

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	4/9/2019					
OIL-BBL/DAY	16					
OIL-GRAVITY (API)	37					
GAS-MCF/DAY	0					
GAS-OIL RATIO CU FT/BBL						
WATER-BBL/DAY	10					
PUMPING OR FLOWING	Pumping					
INITIAL SHUT-IN PRESSURE	100					
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.

Mike McDonald
SIGNATURE NAME (PRINT OR TYPE) **5/3/19** **405-842-4312**
DATE PHONE NUMBER
6 NE 63rd St, Suite 220 **OKC OK 73105** **mikedonald@triadenergy.com**
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 Nancy

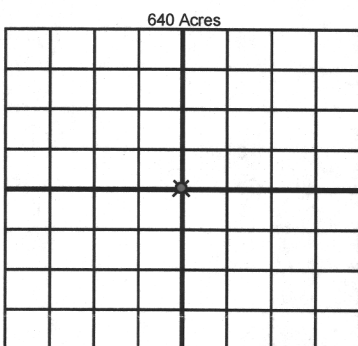
WELL NO. 1-4

NAMES OF FORMATIONS	TOP
Layton	6236
Pharoah	7053
Gibson	7504
Hart	7694
Springer	7740

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 <input type="checkbox"/> no
Date Last log was run	<u>10/14/2018</u>
Was CO ₂ encountered?	<input type="checkbox"/> yes <u>X</u> no at what depths? _____
Was H ₂ S encountered?	<input type="checkbox"/> yes <u>X</u> no at what depths? _____
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <u>X</u> no
If yes, briefly explain below	

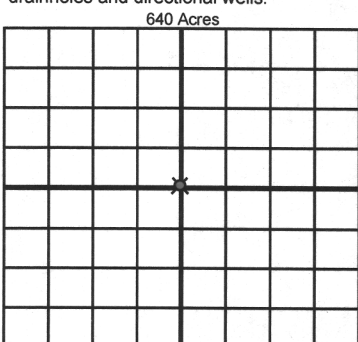
Other remarks:



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: _____			