

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.: 35087221360000

Completion Report

Spud Date: January 14, 2019

OTC Prod. Unit No.:

Drilling Finished Date: March 11, 2019

1st Prod Date:

Completion Date: March 22, 2019

Drill Type: STRAIGHT HOLE

Well Name: DIBBLE SWD 1-19

Purchaser/Measurer:

Location: MCCLAIN 19 7N 4W
SE SE SE NE
200 FSL 2430 FWL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 1353

First Sales Date:

Operator: NUERA DISPOSALS LLC 24166
PO BOX 131
204 E MAIN ST
WEATHERFORD, OK 73096-0131

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		9 5/8	36		624		225	SURFACE
PRODUCTION		7	29	L-80	7970		700	3450

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

Total Depth: 7970

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
7050	AS1X	7950	CEMENT

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
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
N/A	

Perforated Intervals

From	To
7130	7143

Acid Volumes

NONE

Fracture Treatments

NONE

Formation Name: HOXBAR

Code: 405HXBR

Class: COMM DISP

Spacing Orders

Order No	Unit Size
N/A	

Perforated Intervals

From	To
7143	7870

Acid Volumes

NONE

Fracture Treatments

NONE

Formation	Top
VIRGILIAN	7130
HOXBAR	7143

Were open hole logs run? Yes

Date last log run: January 22, 2019

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

OCC - UIC PERMIT NUMBER 1812190003

FOR COMMISSION USE ONLY

1142801

Status: Accepted

API NO. 08722136
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

RECEIVED

Form 1002A

Rev. 2009

MAY 06 2019

OKLAHOMA CORPORATION COMMISSION

☒ 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 **McClain** SEC **19** TWP **7N** RGE **4W**
LEASE NAME **Dibble SWD (1-19)** WELL NO. **→**
SE 1/4 SE 1/4 SE 1/4 NE 1/4 FSL OF 1/4 SEC **200'** FWL OF 1/4 SEC **2430**
ELEVATION Ground **1353** Latitude (if known) Longitude (if known)
OPERATOR NAME **NuEra Disposals** OTC / OCC OPERATOR NO. **24166**
ADDRESS **204 E Main St**
CITY **Weatherford** STATE **OK** ZIP **73096**

SPUD DATE **1-14-19**
DRLG FINISHED DATE **3-11-19**
DATE OF WELL COMPLETION **3-22-19**
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	9 5/8	36#		624		225	Surface
INTERMEDIATE							
PRODUCTION	7	29#	L80	7970		700	3450
LINER							

PACKER @ **7,050** BRAND & TYPE **AS1X** PLUG @ **7950** TYPE **CEM** PLUG @ TYPE
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG @ TYPE

TOTAL DEPTH **7970**

COMPLETION & TEST DATA BY PRODUCING FORMATION

406 VR6N / 405 HXBR

FORMATION	VIRGILIAN	HOXBAR				No Frac
SPACING & SPACING ORDER NUMBER	N/A	N/A				
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	COMM DISP	COMM DISP				
PERFORATED INTERVALS	7130 TOP 7143	7870 BOTTOM 7143				
ACID/VOLUME	none	none				
FRACTURE TREATMENT (Fluids/Prop Amounts)	none	none				

Min Gas Allowable (165-10-17)

Gas Purchaser/Measurer

☐

OR

First Sales Date

INITIAL TEST DATA

Oil Allowable (165-10-13-3)

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.

DONALD JUSTIN DUDGEON

4/30/2019

(580) 530-1691

SIGNATURE

NAME (PRINT OR TYPE)

DATE

PHONE NUMBER

AS SUBMITTED

217 E MAIN ST	CORDELL	OK	73632	jdudgeon@sbcglobal.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 DIBBLE SWD WELL NO. 19-Jan

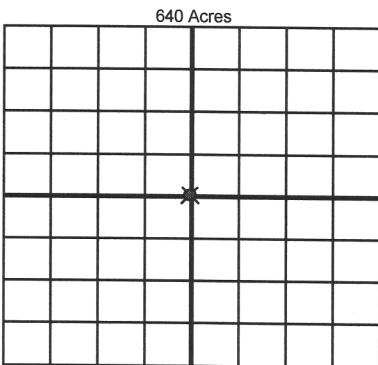
NAMES OF FORMATIONS	TOP
VIRGILIAN	7130
HOXBAR	7143

Per Donald Dudgeon

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 checked="" type="checkbox"/> yes <input type="checkbox"/> no
Date Last log was run	<u>1/22/2019</u>
Was CO ₂ encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no at what depths? _____
Was H ₂ S encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no at what depths? _____
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
If yes, briefly explain below	

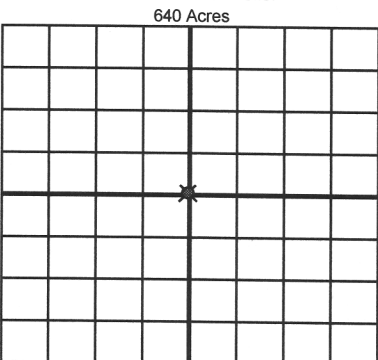
Other remarks: Permit 1812190003



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: