

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.: 35049252650000

**Completion Report**

Spud Date: February 28, 2019

OTC Prod. Unit No.:

Drilling Finished Date: March 28, 2019

1st Prod Date:

Completion Date: April 06, 2019

**Drill Type: STRAIGHT HOLE**

Well Name: JIMMY 1-17-18WXH

Purchaser/Measurer:

Location: GARVIN 17 1N 1W  
NW SW SW SE  
378 FSL 2438 FEL of 1/4 SEC  
Latitude: 34.5513789 Longitude: -97.3253127  
Derrick Elevation: 0 Ground Elevation: 972

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	20			80			SURFACE
SURFACE	13	54.5	J-55	1511		1110	SURFACE

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

**Total Depth: 6963**

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
There are no Initial Data records to display.										

**Completion and Test Data by Producing Formation**

Formation Name: NONE

Code:

Class: DRY

Formation	Top
HOXBAR	2700
DEESE	6040

Were open hole logs run? No

Date last log run:

Were unusual drilling circumstances encountered? Yes

Explanation: STUCK PIPE

**Other Remarks**

OCC - THIS WELL NEVER GOT TO POINT OF DRILLING HORIZONTAL

**FOR COMMISSION USE ONLY**

1143071

Status: Accepted

API NO. 049 25265  
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

COMPLETION REPORT

RECEIVED

Form 1002A  
Rev. 2009

JUN 07 2019

OKLAHOMA CORPORATION  
COMMISSION  
640 Acres

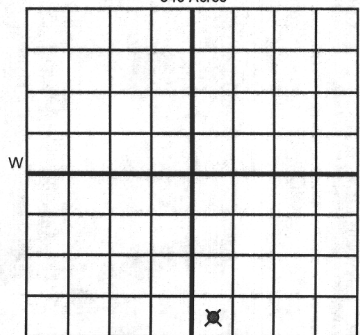
☒ ORIGINAL  
☐ AMENDED (Reason)

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	17	TWP	1N	RGE	1W	SPUD DATE	2/28/19
LEASE NAME	JIMMY 1-17-18WXH							DRLG FINISHED DATE	3/28/19
NW 1/4 SW 1/4 SW 1/4 SE 1/4	FSL OF 1/4 SEC		378	WELL NO.		FEL 2438		DATE OF WELL COMPLETION	4/6/19
ELEVATION Derrick FL	Ground	972'	Latitude (if known)		34.5513789		Longitude (if known)		-97.3253127
OPERATOR NAME	TRIAD ENERGY, INC							OTC / OCC OPERATOR NO.	10399
ADDRESS	6 NE 63RD STREET, SUITE 220								
CITY	OKLAHOMA CITY			STATE	OK		ZIP	73107	



COMPLETION TYPE

<input 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	20			80			SURFACE
SURFACE	13	54.5	J-55	1511		1110	SURFACE
INTERMEDIATE							
PRODUCTION							
LINER							

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ TOTAL DEPTH 6,963  
PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

COMPLETION & TEST DATA BY PRODUCING FORMATION

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

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.

SIGNATURE: Mike McDonald NAME (PRINT OR TYPE): MIKE McDONALD 405-842-4312  
6 NE 63RD ST, STE 220 OKLAHOMA CITY OK 73105 DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: mikemcdonald@triadenergy.com

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
HOXBAR	2,700
DEESE	6,040

LEASE NAME \_\_\_\_\_ WELL NO. \_\_\_\_\_

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

*Stuck Pipe*

Other remarks: \_\_\_\_\_

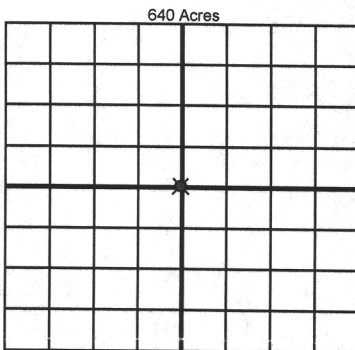
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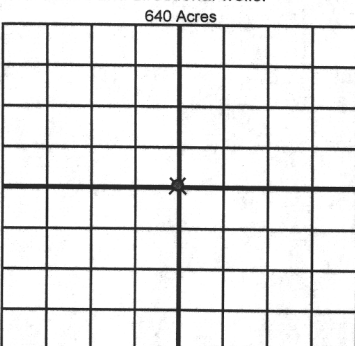
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If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

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: _____			