

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.: 35137276250000

Completion Report

Spud Date: September 07, 2021

OTC Prod. Unit No.: 137-047630-0-5410

Drilling Finished Date: September 11, 2021

1st Prod Date: October 26, 2021

Completion Date: October 22, 2021

Drill Type: STRAIGHT HOLE

Min Gas Allowable: Yes

Well Name: DPWU 11-19

Purchaser/Measurer:

Location: STEPHENS 19 2S 4W
NW SE NE NW
905 FNL 1995 FWL of 1/4 SEC
Latitude: 34.373756 Longitude: -97.660662
Derrick Elevation: 996 Ground Elevation: 988

First Sales Date:

Operator: HOGBACK EXPLORATION INC 21161
PO BOX 180368
10101 HIGHWAY 253
FORT SMITH, AR 72918-0368

Completion Type		Location Exception		Increased Density	
X	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	8 5/8	24	J-55	176		110	SURFACE
PRODUCTION	5.5	15.5	J-55	2686		375	SURFACE

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

Total Depth: 2700

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
There are no Packer records to display.		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
Oct 29, 2021	TUSSY	15	27				PUMPING			

Completion and Test Data by Producing Formation

Formation Name: TUSSY

Code: 404TSSY

Class: OIL

Spacing Orders

Order No	Unit Size
706276	UNIT

Perforated Intervals

From	To
2436	2458

Acid Volumes

NONE

Fracture Treatments

517 BARRELS SLICKWATER, 22,000 POUNDS 12/20 SAND

Formation	Top
PERMIAN	0
CISCO	520
HOXBAR	1250
DEESE	1493

Were open hole logs run? Yes

Date last log run: September 09, 2021

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

There are no Other Remarks.

FOR COMMISSION USE ONLY

Status: Accepted

1147291

API NO. 35-137-27625
OTC PROD. UNIT NO. 137 047830 0 5410

Oil and Gas Conservation Division
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-521-2331
OCCentralProcessing@OCC.OK.GOV



OKLAHOMA
Corporation
Commission

Form 1002A
Rev. 2021

ORIGINAL
AMENDED (Reason)

Rule 165:10-3-25

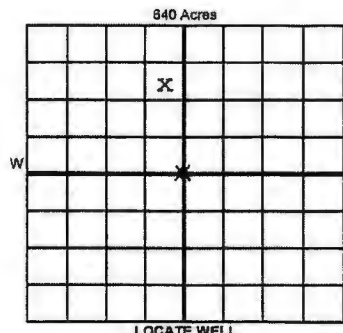
COMPLETION REPORT

TYPE OF DRILLING OPERATION

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

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

COUNTY	Stephens	SEC	19	TWP	2S	RGE	4W	SPUD DATE	9/7/2021		
LEASE NAME	DPWU			WELL NO.	11-19			DRLG FINISHED DATE	9/11/2021		
NW 1/4 SE 1/4 NE 1/4 NW 1/4 FNL	905	FWL	1995		DATE OF WELL COMPLETION	10/22/2021			1st PROD DATE	10/26/2021	
ELEVATION Derrick FL	996	Ground	988	Latitude	34.373756		Longitude	-97.660662		RECOMP DATE	
OPERATOR NAME	Hogback Exploration, Inc.				OTC / OCC OPERATOR NO.	21161 0					
ADDRESS	P O Box 180368										
CITY	Fort Smith			STATE	AR		ZIP	72918			



COMPLETION TYPE

<input checked="" type="radio"/> SINGLE ZONE	
<input type="radio"/> MULTIPLE ZONE	
<input type="radio"/> COMINGLED	
LOCATION EXCEPTION ORDER NO.	
MULTIUNIT ORDER NO.	
INCREASED DENSITY ORDER NO.	

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	8 5/8"	24#	J-55	176		110	surface
INTERMEDIATE							
PRODUCTION	5.5"	15.5#	J-55	2686		375	surface
LINER							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____ TOTAL DEPTH 2700'

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Tussy								
SPACING & SPACING ORDER NUMBER	706276 (unit)								
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Oil								
PERFORATED INTERVALS	2436-2458								
ACID/VOLUME	none								
FRACTURE TREATMENT (Fluids/Prop Amounts)	517 bbls slk wtr 22,000# 12/20 sd.								

Min Gas Allowable (165:10-17-7) ☒ OR ☐ Oil Allowable (165:10-13-3) Purchaser/Measurer _____ First Sales Date _____

INITIAL TEST DATE	10/29/2021								
OIL-BBL/DAY	15								
OIL-GRAVITY (API)	27								
GAS-MCF/DAY									
GAS-OIL RATIO CU FT/BBL	0								
WATER-BBL/DAY	0								
PUMPING OR FLOWING	pumping								
INITIAL SHUT-IN PRESSURE	0								
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	Gerald W. Lundy	DATE	11/05/2021	PHONE NUMBER	479-709-9014
ADDRESS	P O Box 180368	CITY	Fort Smith	STATE	AR
		ZIP	72918	EMAIL ADDRESS	g.lundy@hogbackexploration.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.

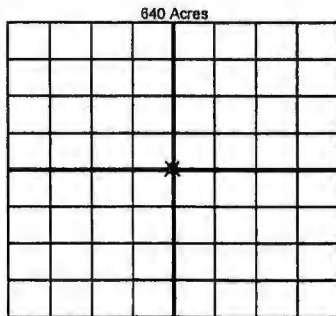
NAMES OF FORMATIONS	TOP
Permian	0
Cisco	520
Hoxbar	1250
Deese	1493

LEASE NAME DPWU WELL NO. 11-19

FOR COMMISSION USE ONLY	
ITD on file <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	2) Reject Codes
<div></div> <div></div> <div></div> <div></div>	

Were open hole logs run?	<input checked="" type="radio"/> yes <input type="radio"/> no
Date Last log was run	9/09/2021
Was CO ₂ encountered?	<input type="radio"/> yes <input checked="" type="radio"/> no at what depths?
Was H ₂ S encountered?	<input type="radio"/> yes <input checked="" type="radio"/> no at what depths?
Were unusual drilling circumstances encountered?	<input type="radio"/> yes <input checked="" type="radio"/> no
If yes, briefly explain below	

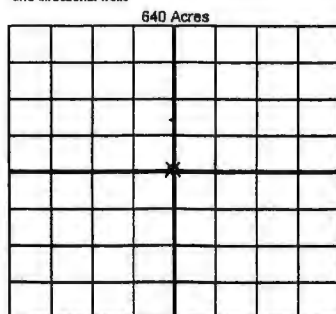
Other remarks:



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
1/4	1/4	1/4	1/4
Measured Total Depth	True Vertical Depth	Feet From 1/4 Sec Lines	
		BHL From Lease, Unit, or Property Line:	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1			
SEC	TWP	RGE	COUNTY
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 #2			
SEC	TWP	RGE	COUNTY
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
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:	