

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.: 35071243570004

Completion Report

Spud Date: May 11, 2010

OTC Prod. Unit No.:

Drilling Finished Date: May 16, 2010

Amended

1st Prod Date:

Amend Reason: ACIDIZE EXISTING ZONE IN DISPOSAL WELL

Completion Date: January 10, 2011

Recomplete Date: July 22, 2021

Drill Type: STRAIGHT HOLE

SERVICE WELL

Well Name: GRAY 1-4

Purchaser/Measurer:

Location: KAY 4 27N 2E
C NW SW NW
990 FSL 330 FWL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 0

First Sales Date:

Operator: BARBER OIL LLC 24363

8801 S YALE AVE STE 150
TULSA, OK 74137-3575

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.	
	Commingle				

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	8 5/8	24	J-55	146		135	SURFACE
PRODUCTION	5 1/2	15.5	J-55	3802		280	2302

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

Total Depth: 3802

Packer	
Depth	Brand & Type
2775	PACKER

Plug	
Depth	Plug Type
3050	CIBP
3460	CIBP

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
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There are no Initial Data records to display.

Completion and Test Data by Producing Formation

Formation Name: LAYTON

Code: 405LYTN

Class: DISP

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
2810	2910

Acid Volumes

ORIGINAL TREATMENT 2,000 GALLONS

Fracture Treatments

NONE

Formation Name: LAYTON

Code: 405LYTN

Class: DISP

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
2810	2910

Acid Volumes

NEW TREATMENT 1,000 GALLONS

Fracture Treatments

NONE

Formation	Top
LAYTON	2810

Were open hole logs run? Yes

Date last log run: May 17, 2010

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

TO SATISFY NON COMPLIANCE CAUSE EN201500033T - ITN #51956. OCC - UIC PERMIT NUMBER 1303760059. RECOMPLETION FILED TO SHOW THAT EXISTING LAYTON FORMATION WAS RE-ACIDIZED.

FOR COMMISSION USE ONLY

1146870

Status: Accepted

API NO. 071-24357
OTC PROD.
UNIT NO.

Oil and Gas Conservation Division
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-522-0577
OCCentralProcessing@OCC.OK.GOV



OKLAHOMA
Corporation
Commission

Form 1002A
Rev. 2020

☒ ORIGINAL
☒ AMENDED (Reason) acidize existing zone in disposal well

Rule 185:10-3-25

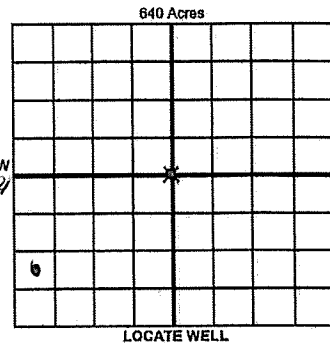
COMPLETION REPORT

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE
☒ SERVICE WELL
If directional or horizontal, see reverse for bottom hole location.

SPUD DATE 5/11/2010
DRLG FINISHED DATE 5/16/2010
DATE OF WELL COMPLETION 1/10/2011
1st PROD DATE
RECOMP DATE 2/4/2013 7-22-2021
WELL NO. 1-4
FSL 990' FWL 330'

COUNTY Kay SEC 4 TWP 27N RGE 2E
LEASE NAME Gray
C 1/4 NW 1/4 SW 1/4 NW 1/4
ELEVATION Ground
Derrick FL
OPERATOR Barber Oil, LC
ADDRESS 8801 South Yale Avenue, Suite 150
CITY Tulsa STATE OK ZIP 74137



COMPLETION TYPE

☒ SINGLE ZONE
☐ MULTIPLE ZONE
☐ COMMINGLED
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	146		135	Surface
INTERMEDIATE							
PRODUCTION	5 1/2	15.5#	J-55	3802		280	2302'
LINER							

PACKER @ 2775' BRAND & TYPE 3050 PLUG @ CIBP TYPE 3460 PLUG @ CEBP TYPE 3050

TOTAL DEPTH 3802 - original TD 3802

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Layton	Layton	No Frac
SPACING & SPACING ORDER NUMBER			
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Disp	Disp	
PERFORATED INTERVALS	2810'-2910'	2810'-2910'	
ACID/VOLUME	2000 gallons	1000 gallons	
FRACTURE TREATMENT (Fluids/Prop Amounts)	No	No	

Min Gas Allowable (185:10-17-7)

OR

Oil Allowable (185:10-13-3)

Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	4/8/13 - MIT test	7/22/2021
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 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.

Barbara Courtney

SIGNATURE

8801 South Yale Ave, Suite 150

ADDRESS

Tulsa

CITY

Barbara Courtney
NAME (PRINT OR TYPE)

OK 74137

STATE ZIP

9/1/2021

DATE

918-638-5951

PHONE NUMBER

bcourtney@barberoilo.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.

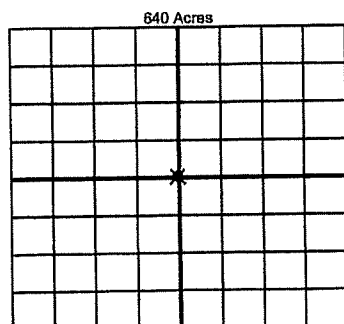
NAMES OF FORMATIONS	TOP
Layton	2810

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?	<input checked="" type="radio"/> yes <input type="radio"/> no
Date Last log was run	5/17/2010
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? If yes, briefly explain below	<input type="radio"/> yes <input checked="" type="radio"/> no

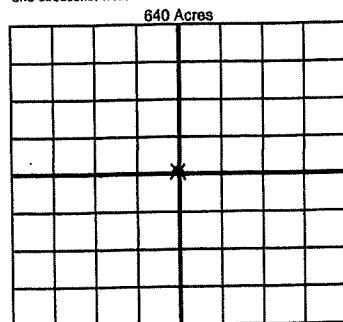
Other remarks: to satisfy non compliance Cause EN201500033T - ITN# 51956
OCC UIC permit #1303760059
Recompletion filed to show that existing Layton formation was acidized



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
Measured Total Depth		True Vertical Depth	Total Length
		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
Measured Total Depth		True Vertical Depth	Total Length
		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
Measured Total Depth		True Vertical Depth	Total Length
		BHL From Lease, Unit, or Property Line:	