

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.: 35133253120000

Completion Report

Spud Date: November 07, 2018

OTC Prod. Unit No.: 133-224907

Drilling Finished Date: November 11, 2018

1st Prod Date: January 12, 2019

Completion Date: December 19, 2018

Drill Type: STRAIGHT HOLE

Well Name: MS RENEE 2-10

Purchaser/Measurer:

Location: SEMINOLE 10 9N 7E
SE NE SW SE
793 FSL 1160 FWL of 1/4 SEC
Latitude: 35.262983423 Longitude: -96.552044147
Derrick Elevation: 1029 Ground Elevation: 1025

First Sales Date:

Operator: XANADU EXPLORATION COMPANY 19754

320 S BOSTON AVE STE 2000
TULSA, OK 74103-4709

Completion Type	
X	Single Zone
	Multiple Zone
	Commingled

Location Exception	
Order No	
There are no Location Exception records to display.	

Increased Density	
Order No	
There are no Increased Density records to display.	

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
CONDUCTOR	7	26		120		30	SURFACE
PRODUCTION	4 1/2	11.6		1700		210	SURFACE

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

Total Depth: 1700

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
Jan 12, 2019	CALVIN			107			FLOWING	425	11/64	420

Completion and Test Data by Producing Formation			
Formation Name: CALVIN		Code: 404CLVN	Class: GAS
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
441374	160	1625	1630
Acid Volumes		Fracture Treatments	
42 GALLONS 10% HCL		NONE	

Formation	Top
CALVIN	1604

Were open hole logs run? Yes
Date last log run: November 18, 2018

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1141989

API 133-25312
O.T.C. PROD. 133-224907
UNIT NO.

(PLEASE TYPE OR USE BLACK INK ONLY)

NOTE:
Attach a copy of the original 1002A
If this is a recompletion or reentry.

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

JAN 31 2019

OKLAHOMA CORPORATION COMMISSION

☒ ORIGINAL
☐ AMENDED (Reason)

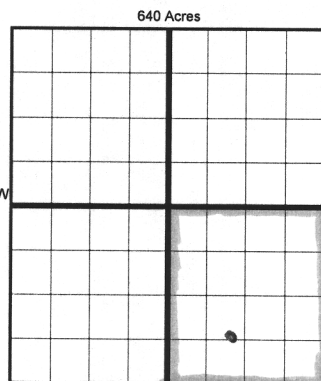
TYPE OF DRILLING OPERATION

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

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

COUNTY	Seminole	SEC	10	TWP	9N	RGE	7E
LEASE NAME	Ms. Renee			WELL NO.	2-10		
SE 1/4 NE 1/4 SW 1/4 SE 1/4	FSL OF 1/4 SEC 793'			FWL OF 1/4 SEC	1,162'		
ELEVATION Derrick FL	1029'	Ground	1025'	Latitude (if known)	35.262983423		
OPERATOR NAME	Xanadu Exploration Company			OTC/OCC OPERATOR NO.	19754		
ADDRESS	320 S. Boston Ave., Suite 2000						
CITY	Tulsa		STATE	OK		ZIP	74103

SPUD DATE	11.7.18
DRLG FINISHED DATE	11.11.18
DATE OF WELL COMPLETION	12.19.18
1st PROD DATE	1.12.19
RECOMP DATE	
Longitude (if known)	-96.55204414



COMPLETION TYPE

<input checked="" 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 (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	7"	26#		120'		30	surface
INTERMEDIATE							
PRODUCTION	4 1/2"	11.6#		1700'		210	surface
LINER							
						TOTAL DEPTH	1700'

CBL showed good bond
DAN

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Calvin						No Frac
SPACING & SPACING ORDER NUMBER	441374 (160 acres)						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Gas						
PERFORATED INTERVALS	1,625'-1,630'						
ACID/VOLUME	42 gal 10%						
FRACTURE TREATMENT (Fluids/Prop Amounts)	HCL						
	none						

Min Gas Allowable (165:10-17-7)

Gas Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	1/12/2019						
OIL-BBL/DAY	0						
OIL-GRAVITY (API)							
GAS-MCF/DAY	107						
GAS-OIL RATIO CU FT/BBL							
WATER-BBL/DAY							
PUMPING OR FLOWING	flowing						
INITIAL SHUT-IN PRESSURE	425 psig						
CHOKE SIZE	11/64ths						
FLOW TUBING PRESSURE	420 psig						

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	AMMIE ADDISON	DATE	1/29/2019	PHONE NUMBER	(918)584-3802
320 S. Boston Ave., Suite 2000	Tulsa OK 74103	ammiea@xanexp.com			
ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS	

2-10

SEC	TWP	RGE	COUNTY			
Spot Location						
1/4	1/4	1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of Deviation		Radius of Turn		Direction	Total Length	
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:		

API NO. 133-25312
OTC PROD. * 133-224907
UNIT NO.

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A: 224907 I

COMPLETION REPORT

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☐ SERVICE WELL

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OPERATOR NAME	Xanadu Exploration Company							RECOMP DATE	
ADDRESS	320 S. Boston Ave., Suite 2000							Longitude (if known)	-96.552044147
CITY	Tulsa	STATE	OK	ZIP	74103				

640 Acres

LOCATE WELL

1016EZ

COMPLETION TYPE

☒ SINGLE ZONE
☐ MULTIPLE ZONE
Application Date
☐ COMMINGLED
Application Date
LOCATION EXCEPTION ORDER NO.
INCREASED DENSITY ORDER NO.

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							1700'

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
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TOTAL DEPTH 1700'

COMPLETION & TEST DATA BY PRODUCING FORMATION

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	none						

Min Gas Allowable (165:10-17-7)

☐

OR

Oil Allowable (165:10-13-3)

Gas Purchaser/Measurer

First Sales Date

INITIAL TEST DATA

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Amie Addison

Amie Addison

1/29/2019 (918)584-3802

SIGNATURE

NAME (PRINT OR TYPE)

DATE PHONE NUMBER

320 S. Boston Ave., Suite 2000

Tulsa

OK 74103

ammiea@xanexp.com

ADDRESS

CITY

STATE

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EMAIL ADDRESS

SCANNED

AR