

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.: 35067208220001

Completion Report

Spud Date: August 22, 2019

OTC Prod. Unit No.: 067-226115-0-0000

Drilling Finished Date: September 01, 2019

1st Prod Date: October 01, 2019

Completion Date: September 19, 2019

Amended

Amend Reason: RE-ENTRY

Drill Type: STRAIGHT HOLE

Well Name: DILLARD 1-29

Purchaser/Measurer:

Location: JEFFERSON 29 4S 5W
C NW NW
660 FNL 660 FWL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 869

First Sales Date:

Operator: GLADIATOR OPERATING LLC 22633
PO BOX 2562
5 S COMMERCE AVE STE 22
ARDMORE, OK 73402-2562

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	16			40			
SURFACE	9 5/8	36	K-55	430	500	250	SURFACE
PRODUCTION	5 1/2	17	N-80	5340		150	4762

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

Total Depth: 5418

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
Oct 07, 2019	VIOLA	11	38			23	PUMPING			

Completion and Test Data by Producing Formation									
Formation Name: VIOLA				Code: 202VIOL			Class: OIL		
Spacing Orders					Perforated Intervals				
Order No		Unit Size			From		To		
217680		80			5140		5206		
Acid Volumes					Fracture Treatments				
30,000 GALLONS, 30,000 HCL, 600 BARRELS WATER					NONE				

Formation	Top
DEESE	4130
VIOLA	5132
SIMPSON	5215

Were open hole logs run? Yes
 Date last log run: August 31, 2019

 Were unusual drilling circumstances encountered? No
 Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1144798

API NO. 067 20822
OTC PROD. UNIT NO. 067-20822

(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

FEB 21 2020

OKLAHOMA CORPORATION
COMMISSION

COMPLETION REPORT

☐ ORIGINAL
☒ AMENDED (Reason)

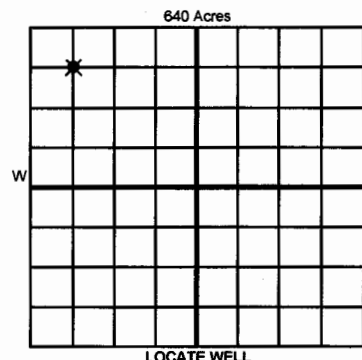
TYPE OF DRILLING OPERATION

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

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

COUNTY	Jefferson	SEC	29	TWP	4S	RGE	5W	
LEASE NAME	Dillard						WELL NO.	1-29
C	1/4	NW	1/4	NW	1/4	FNL OF 1/4 SEC	660'	
ELEVATION	GL	Ground	869	Latitude (if known)	34 11'08.57"N	Longitude (if known)	97 45'09.77"W	
OPERATOR NAME	Gladiator Operating LLC						OTC / OCC OPERATOR NO.	22633
ADDRESS	PO Box 2562							
CITY	Ardmore	STATE	OK	ZIP	73402			

SPUD DATE 8/22/2019
DRLG FINISHED DATE 9/1/2019
DATE OF WELL COMPLETION 9/19/2019
1st PROD DATE 10/01/2019
RECOMP DATE



COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE	
<input type="checkbox"/> MULTIPLE ZONE	
<input type="checkbox"/> COMMINGLED	
<input type="checkbox"/> LOCATION EXCEPTION	
<input type="checkbox"/> ORDER NO.	
<input type="checkbox"/> INCREASED DENSITY	
<input type="checkbox"/> ORDER NO.	

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR	16"			40			
SURFACE	9 5/8	36	K-55	430	500	250	Surface
INTERMEDIATE							
PRODUCTION	5 1/2	17	N-80	5340		150	4762
LINER							
						TOTAL DEPTH	5,418

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

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Viola						No Frac
SPACING & SPACING	80 -217680						
ORDER NUMBER							
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Oil						
	5140-5206						
PERFORATED INTERVALS							
ACID/VOLUME	30,000 gal						
	30K HCL/600 bbls water						
FRACTURE TREATMENT (Fluids/Prop Amounts)	None						

☐ 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	10/7/2019					
OIL-BBL/DAY	11					
OIL-GRAVITY (API)	38					
GAS-MCF/DAY	TSTM					
GAS-OIL RATIO CU FT/BBL						
WATER-BBL/DAY	23					
PUMPING OR FLOWING	Pumping					
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.

SIGNATURE John Ois NAME (PRINT OR TYPE) John Ois DATE 1-13-20 PHONE NUMBER 580-234-9291
ADDRESS PO Box 2562 CITY Ardmore STATE OK ZIP 73402 EMAIL ADDRESS gladiatorop@outlook.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.

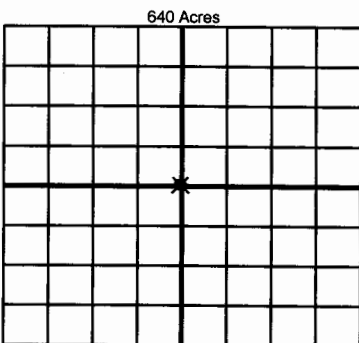
NAMES OF FORMATIONS	TOP
Deese	4,130
Viola	5,132
Simpson	5215

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="checkbox"/> yes <input type="checkbox"/> no
Date Last log was run	8/31/2019
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	

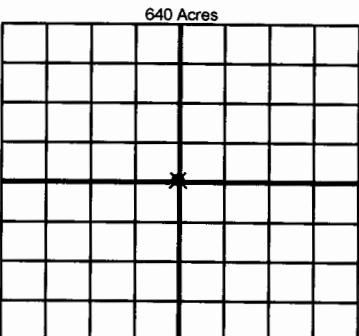
Other remarks:



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:			