

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.: 35107236110000

Completion Report

Spud Date: March 29, 2019

OTC Prod. Unit No.:

Drilling Finished Date: April 04, 2019

1st Prod Date:

Completion Date: January 27, 2020

Drill Type: STRAIGHT HOLE

Well Name: ERDMAN 2-22

Purchaser/Measurer:

Location: OKFUSKEE 22 12N 8E
NE SW SE NW
585 FSL 1830 FWL of 1/4 SEC
Latitude: 35.502135 Longitude: -96.453018
Derrick Elevation: 0 Ground Elevation: 847

First Sales Date:

Operator: SPESS OIL COMPANY INC 2057

200 S BROADWAY ST
CLEVELAND, OK 74020-4617

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
SURFACE	8 5/8	24	J-55	745		380	SURFACE
PRODUCTION	5 1/2	15.5	J-55	3624		50	3202

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
LINER	2 7/8	6.5	J-55	0	0	50	SURFACE	3657

Total Depth: 3657

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 27, 2020	UNION VALLEY-CROMWELL					70	SWABBING	25		

Completion and Test Data by Producing Formation			
Formation Name: UNION VALLEY-CROMWELL		Code: 402UVCM	Class: DRY
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
661440	40	3635	3645
Acid Volumes		Fracture Treatments	
2,000 GALLONS		NONE	

Formation	Top
UNION VALLEY-CROMWELL	3635

Were open hole logs run? Yes

Date last log run: April 04, 2019

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1144765

API NO. 107-23611
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

RECEIVED

Form 1002A

Rev. 2009

FEB 11 2020

☒ ORIGINAL
☐ AMENDED (Reason)

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	OKFUSKEE	SEC	22	TWP	12N	RGE	08E	SPUD DATE	3-29-19
LEASE NAME	ERDMAN							DRLG FINISHED DATE	4-4-19
NE 1/4 SW 1/4 SE 1/4 NW 1/4	FSL OF 1/4 SEC 585 FWL OF 1/4 SEC 1830							DATE OF WELL COMPLETION	1/27/2020
ELEVATION Derrick FL	Ground	847	Latitude (if known)					1st PROD DATE	NA
OPERATOR NAME	SPESS OIL COMPANY							RECOMP DATE	
ADDRESS	200 S. BROADWAY ST.							OTC / OCC OPERATOR NO.	2057
CITY	CLEVELAND	STATE	OK	ZIP	74020				

OKLAHOMA CORPORATION COMMISSION

640 Acres

LOCATE WELL

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							
SURFACE	8 5/8	24	J55	745		380	SURF
INTERMEDIATE							
PRODUCTION	5 1/2	15.5	J55	3624		50	3202
LINER	2 7/8	6.5	J55	surface 3657		50	3,450
						TOTAL DEPTH	3,657

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

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	UNIONVALLEY-CROMWELL					
SPACING & SPACING ORDER NUMBER	40 AC/661440					
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	DRY					
PERFORATED INTERVALS	3635-3638					
	3638-3645					
ACID/VOLUME	2000 gals					
FRACTURE TREATMENT (Fluids/Prop Amounts)						
	None					

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

Gas Purchaser/Measurer

☐

OR

First Sales Date

Oil Allowable (165:10-13-3)

INITIAL TEST DATA

INITIAL TEST DATE	1/27/2020				
OIL-BBL/DAY	TRACE				
OIL-GRAVITY (API)	NA				
GAS-MCF/DAY	TSTM				
GAS-OIL RATIO CU FT/BBL	NA				
WATER-BBL/DAY	70				
PUMPING OR FLOWING	SWABBING				
INITIAL SHUT-IN PRESSURE	25PSI				
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.

Richard Spess
SIGNATURE

RICHARD SPESS

918-358-5831

NAME (PRINT OR TYPE)

DATE

PHONE NUMBER

200 S BROADWAY ST

CLEVELAND

OK

74020

SPESSOILCO@SBCGLOBAL.NET

ADDRESS

CITY

STATE

ZIP

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
UNION VALLEY-CROMWELL	3,635
TOTAL DEPTH	3,657

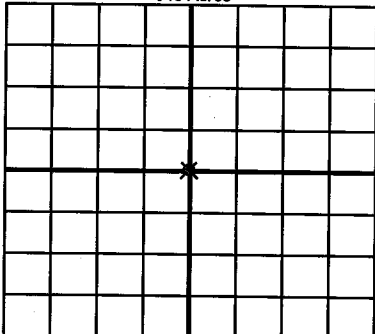
LEASE NAME ERDMAN WELL NO. 1

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	<u>4/4/2019</u>
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? If yes, briefly explain below	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Other remarks: _____

640 Acres

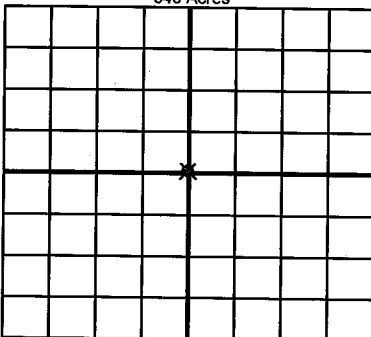


If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

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.

640 Acres



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	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	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	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	BHL From Lease, Unit, or Property Line:

CEMENTING REPORT

Form 1002C
Rev. 2012

API No.

107-23611

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(i)

This form shall be filed with the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(i). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Operator	SPESS OIL <i>Co. Inc.</i>	OCC/OTC	2057
*Well Name/No.	ERDMAN 2 - 22	County	OKFUSKEE
*Location	NE 1/4 SW 1/4 SE 1/4 NW 1/4	Sec	22
		Twp	12 N
		Rge	8 E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		3/30/19				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		90				
*Size of Casing (inches O.D.)		8 5/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		745				
Type of Cement (API Class)		REG				
In first (lead) or only slurry		REG				
In second slurry		REG				
In third slurry						
Sacks of Cement Used		250				
In first (lead) or only slurry		130				
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)		420				
In first (lead) or only slurry		153				
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)		G.L.				
Cement left in pipe (ft)		42				

*Amount of Surface Casing Required (from Form 1000)	ft.
---	-----

*Was cement circulated to Ground Surface? <u>XX</u> Yes <u> </u> No	*Was Cement Staging Tool (DV Tool) used? <u> </u> Yes <u>XX</u> No
*Was Cement Bond Log run? <u> </u> Yes <u> </u> No (If so, Attach Copy)	*If Yes, at what depth? <u> </u> ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items **not** so designated shall be completed by the Cementing Company.

Remarks

*Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.


Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.


Signature of Operator or Authorized Representative

Name & Title (Printed or Typed)	J.B. Niccum - Manager	
Cementing Company	Oklahoma Cementing Cushing, LLC	
Address	P.O. Box 590	
City	Cushing	
State	OK	Zip 74023
Telephone (AC) Number	(918) 225-0688	
Date	1 APR 2019	

Name & Title (Printed or Typed)	CAROL SPESS, OWNER	
*Operator	SPESS OIL COMPANY	
*Address	200 S. BROADWAY ST.	
*City	CLEVELAND	
*State	OK	*Zip 74020
Telephone (AC) Number	918-358-5831	
*Date	FEBRUARY 7, 2020	

INSTRUCTIONS

- This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, with the Completion Report (Form 1002A) for a producing well or a dry hole.
 - An original of this form shall be filed with the Completion Report, (Form 1002A), for each cementing company used on a well.
 - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4.
- Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4.

CEMENTING REPORTForm 1
Rev.

API No.

107-23611

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

OAC 165:10-3-4(i)

This form shall be filed with the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(i). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Operator SPESS OIL COMPANY				OCC/OTC 02057							
*Well Name/No. ERDMAN 2-22				County OKFUSKEE							
*Location	NE	1/4	SW	1/4	SE	1/4	NW	1/4	Sec 22	Twp 12N	Rge 08E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					04/19/19	12/18/19
*Size of Drill Bit (Inches)					7 7/8	4 3/4
*Estimated % wash or hole enlargement used in calculations					120 %	120 %
*Size of Casing (inches O.D.)					5 1/2	2 7/8
*Top of Liner (if liner used) (ft.)						SURFAC
*Setting Depth of Casing (ft.) from ground level					3624	3657
Type of Cement (API Class) In first (lead) or only slurry					A	A
In second slurry						
In third slurry						
Sacks of Cement Used In first (lead) or only slurry					50	50
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) In first (lead) or only slurry					73	59
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind pipe (ft)					365	533
Cement left in pipe (ft)					/	1

*Amount of Surface Casing Required (from Form 1000) 740 ft.

*Was cement circulated to Ground Surface? <u>Yes</u> <u>X</u> No	*Was Cement Staging Tool (DV Tool) used? <u>Yes</u> <u>X</u> No
*Was Cement Bond Log run? <u>X</u> Yes <u>No</u> (If so, Attach Copy)	*If Yes, at what depth? _____ ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

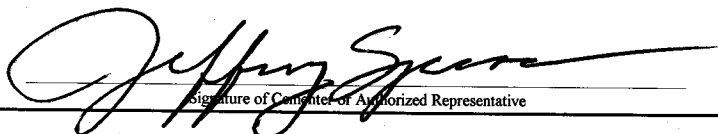
* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks

*Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.


Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.


Signature of Operator or Authorized Representative

Name & Title (Printed or Typed)	JEFFREY SPESS, CEMENTER		
Cementing Company	SPESS OIL COMPANY OIL WELL CEMENTERS		
Address	200 S. BROADWAY ST.		
City	CLEVELAND		
State	OK	Zip	74020
Telephone (AC) Number	918-358-5831		
Date	02/07/20		

Name & Title (Printed or Typed)	CAROL SPESS, OWNER		
*Operator	SPESS OIL COMPANY		
*Address	200 S. BROADWAY ST.		
*City	CLEVELAND		
*State	OK	*Zip	74020
Telephone (AC) Number	918-358-5831		
*Date	02/07/20		

INSTRUCTIONS

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B) An original of this form shall be filed with the Completion Report, (Form 1002A), for each cementing company used on a well.
C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4.
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4.

API NO. 107-23611
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

RECEIVED

Form 1002A
Rev. 2009

FEB 11 2020

☒ ORIGINAL
☐ AMENDED (Reason)

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	OKFUSKEE	SEC	22	TWP	12N	RGE	08E	SPUD DATE	3-29-19	
LEASE NAME	ERDMAN			WELL NO.	2-22			DRLG FINISHED DATE	4-4-19	
NE 1/4 SW 1/4 SE 1/4 NW 1/4	FSL OF 1/4 SEC 585			FWL OF 1/4 SEC 1830	DATE OF WELL COMPLETION				1/27/2020	
ELEVATION	Ground 847			Latitude (if known)	Longitude (if known)					
OPERATOR NAME	SPESS OIL COMPANY			OTC / OCC OPERATOR NO.	2057				1st PROD DATE	NA
ADDRESS	200 S. BROADWAY ST.									
CITY	CLEVELAND			STATE	OK		ZIP	74020		

OKLAHOMA CORPORATION COMMISSION

640 Acres

W E

LOCATE WELL

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							
SURFACE	8 5/8	24	J55	745		380	SURF
INTERMEDIATE							
PRODUCTION	5 1/2	15.5	J55	3624		50	3202
LINER	2 7/8	6.5	J55	surface 3657		50	3,450
							TOTAL DEPTH 3,657

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

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	UNIONVALLEY-CROMWELL					
SPACING & SPACING ORDER NUMBER	40 AC/661440					
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	DRY					
PERFORATED INTERVALS	3635-3638					
	3638-3645					
ACID/VOLUME	2000 gals					
FRACTURE TREATMENT (Fluids/Prop Amounts)	None					

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

INITIAL TEST DATA

INITIAL TEST DATE	1/27/2020					
OIL-BBL/DAY	TRACE					
OIL-GRAVITY (API)	NA					
GAS-MCF/DAY	TSTM					
GAS-OIL RATIO CU FT/BBL	NA					
WATER-BBL/DAY	70					
PUMPING OR FLOWING	SWABBING					
INITIAL SHUT-IN PRESSURE	25PSI					
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	RICHARD SPESS	DATE	PHONE NUMBER
200 S BROADWAY ST	CLEVELAND OK 74020		918-358-5831
ADDRESS	CITY STATE ZIP	EMAIL ADDRESS	
		SPESSOILCO@SBCGLOBAL.NET	

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.

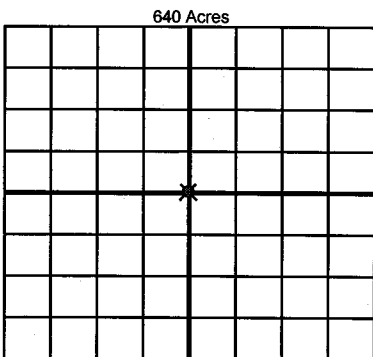
NAMES OF FORMATIONS	TOP
UNION VALLEY-CROMWELL	3,635
TOTAL DEPTH	3,657

LEASE NAME ERDMAN WELL NO. 1

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	<u>4/4/2019</u>	
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		

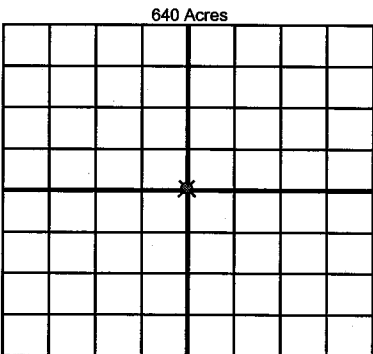
Other remarks:



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	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	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	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	BHL From Lease, Unit, or Property Line: