

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.: 35019253020001

**Completion Report**

Spud Date: May 27, 2009

OTC Prod. Unit No.:

Drilling Finished Date: May 29, 2009

**Amended**

1st Prod Date: June 17, 2009

Amend Reason: CONVERT TO INJECTION

Completion Date: June 11, 2009

Recomplete Date: October 18, 2019

**Drill Type: STRAIGHT HOLE**

**SERVICE WELL**

Well Name: AKERS 56

Purchaser/Measurer:

Location: CARTER 5 2S 2W  
NW NE SE NE  
1041 FSL 1994 FWL of 1/4 SEC  
Derrick Elevation: 1013 Ground Elevation: 1005

First Sales Date:

Operator: KODIAK OIL & GAS INC 23226

204 N WALNUT ST  
MUNSTER, TX 76252-2766

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
PRODUCTION	5 1/2	15.5	J	1610		300	SURFACE

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

**Total Depth: 1836**

Packer	
Depth	Brand & Type
1300	ARROW TENSION

Plug	
Depth	Plug Type
1610	CASING SHOE + CEMENT
1610	PBTD

Initial Test Data
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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: DEESE

Code: 404DEESS

Class: INJ

#### Spacing Orders

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

#### Perforated Intervals

From	To
1498	1530

#### Acid Volumes

750 GALLONS 15%
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#### Fracture Treatments

200 SACKS SAND, 230 BARRELS KCL WATER
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Formation Name: HOXBAR

Code: 405HXBR

Class: INJ

#### Spacing Orders

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

#### Perforated Intervals

From	To
1314	1498

#### Acid Volumes

NONE
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#### Fracture Treatments

NONE
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Formation	Top
SEE ORIGINAL	0

Were open hole logs run? Yes

Date last log run: May 29, 2009

Were unusual drilling circumstances encountered? No

Explanation:

#### Other Remarks

CONVERT TO INJECTION WELL. PERMIT NUMBER 2003760017

### FOR COMMISSION USE ONLY

1144469

Status: Accepted

API NO. 019-25302-01 (PLEASE TYPE OR USE BLACK INK ONLY)  
OTC PROD.  
UNIT NO.

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

JAN 03 2020

☐ ORIGINAL  
☒ AMENDED (Reason) CONVERT TO INJ.

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

COUNTY CARTER SEC 5 TWP 25 RGE 2W  
LEASE NAME AKERS WELL NO. 56 DATE OF WELL COMPLETION 6/11/09  
NW 1/4 NE 1/4 SE 1/4 NE 1/4 FSL OF 1/4 SEC 1041 FWL OF 1/4 SEC 1994 RECOMP DATE 10/18/19  
ELEVATION Derrick FL 1013 Ground 1005 Latitude (if known) Longitude (if known)  
OPERATOR NAME KODIAK OIL & GAS, INC. OTC / OCC OPERATOR NO. 23226-0  
ADDRESS 204 N. WALNUT ST.  
CITY MUNSTER STATE TX ZIP 76252

COMPLETION REPORT

SPUD DATE 5/27/09  
DRLG FINISHED DATE 5/29/09  
DATE OF WELL COMPLETION 6/11/09  
1st PROD DATE 6/17/09  
RECOMP DATE 10/18/19

OKLAHOMA CORPORATION COMMISSION  
640 Acres  
LOCATE WELL

COMPLETION TYPE

☒ SINGLE ZONE  
☐ MULTIPLE ZONE  
Application Date  
COMINGLED  
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							
INTERMEDIATE							
PRODUCTION	<u>5 1/2</u>	<u>15.5</u>	<u>J</u>	<u>1610</u>		<u>300</u>	<u>SURF</u>
LINER							

PACKER @ 1300 BRAND & TYPE TENSION PLUG @ 1610 TYPE Casing shoe + cement TOTAL DEPTH 1836  
PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_  
COMPLETION & TEST DATA BY PRODUCING FORMATION 404 DEESE 405 HXBR P810 1610

FORMATION	DEESE	HXBR				
SPACING & SPACING ORDER NUMBER						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	<u>INJ.</u>	<u>INJ.</u>				
PERFORATED INTERVALS	<u>1498-1530</u>	<u>1314-1498</u>				
ACID/VOLUME	<u>750 gals 15% HCl</u>	<u>none</u>				
FRACTURE TREATMENT (Fluids/Prop Amounts)	<u>200 sacks sand</u> <u>230 Bbls KCl water</u>	<u>None</u>				

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

INITIAL TEST DATA

INITIAL TEST DATE						
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						

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 JOHN R. LAWS NAME (PRINT OR TYPE) JOHN R. LAWS DATE 10/18/19 PHONE NUMBER 580-220-8455  
ADDRESS 1515 WARD RD. ARDMORE, OK. 73401 CITY ARDMORE STATE OK ZIP 73401 EMAIL ADDRESS JRLAWS@HOTMAIL.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

LEASE NAME

AKERS

WELL NO.

56

NAMES OF FORMATIONS	TOP
SEE ORIG	

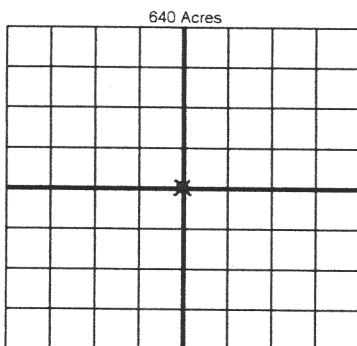
FOR COMMISSION USE ONLY	
ITD on file <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROVED _____ DISAPPROVED _____	2) Reject Codes

Were open hole logs run?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Date Last log was run	5/29/09
Was CO <sub>2</sub> encountered?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no at what depths? _____
Was H <sub>2</sub> 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:

CONVERT TO WJ. WELL

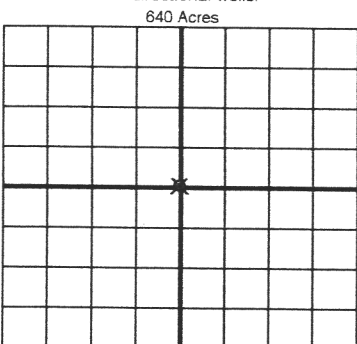
Permit 2003760017



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: _____			