

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.: 35037203820001

**Completion Report**

Spud Date: October 09, 1967

OTC Prod. Unit No.:

Drilling Finished Date: October 12, 1967

**Amended**

1st Prod Date: October 25, 1967

Amend Reason: RUN LINER / CHANGE WELL NAME

Completion Date: October 25, 1967

Recomplete Date: August 15, 2019

**Drill Type: STRAIGHT HOLE**

Well Name: CRFSU (COTTONWOOD 9-10) 9-10

Purchaser/Measurer:

Location: CREEK 35 19N 8E  
C NE SW SW  
990 FSL 990 FWL of 1/4 SEC  
Derrick Elevation: 909 Ground Elevation: 903

First Sales Date:

Operator: LEG UP OPERATING COMPANY LLC 22892

11717 S VINE ST  
JENKS, OK 74037-4343

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
SURFACE	8 5/8			407		225	SURFACE
PRODUCTION	5 1/2			2649		60	

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
LINER	4 1/2			2573	0	110	SURFACE	2573

**Total Depth: 0**

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
Aug 25, 2019	RED FORK	12	36			16	PUMPING			

Completion and Test Data by Producing Formation			
Formation Name: RED FORK		Code: 404RDFK	Class: OIL
<b>Spacing Orders</b>		<b>Perforated Intervals</b>	
<b>Order No</b>	<b>Unit Size</b>	<b>From</b>	<b>To</b>
65881	UNIT	2574	2601
<b>Acid Volumes</b>		<b>Fracture Treatments</b>	
There are no Acid Volume records to display.		There are no Fracture Treatments records to display.	

Formation	Top
SEE ORIGINAL 1002A	0

Were open hole logs run? No  
Date last log run:  
  
Were unusual drilling circumstances encountered? No  
Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1144447

# RECEIVED

Form 1002A  
Rev. 2009

DEC 19 2019

OKLAHOMA CORPORATION COMMISSION

API NO. **3503720382** (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

☒ ORIGINAL  
☐ AMENDED (Reason)

**RUN LINER / Change Well Name**

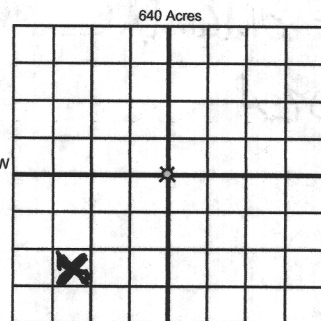
COMPLETION REPORT

TYPE OF DRILLING OPERATION

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

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

COUNTY **CREEK** SEC **35** T1N RGE **8E**  
LEASE NAME **CRFSU** WELL NO. **9-10**  
DATE OF WELL COMPLETION **10-25-67**  
1st PROD DATE **10-25-67**  
RECOMP DATE **8-15-2011**  
ELEVATION Derrick FL **909** Ground **903** FSL OF 1/4 SEC **990** FWL OF 1/4 SEC **990**  
Latitude (if known) Longitude (if known)  
OPERATOR NAME **LEG UP OPERATING CO LLC** OTC / OCC OPERATOR NO. **22892**  
ADDRESS **11717 S VINE ST**  
CITY **JENKS** STATE **OK** ZIP **74037**



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	<b>8 5/8</b>			<b>407</b>		<b>225</b>	<b>SURE</b>
INTERMEDIATE							
PRODUCTION	<b>5 1/2</b>			<b>2649</b>		<b>600</b>	
LINER	<b>4 1/2</b>			<b>2573</b>		<b>110</b>	<b>SURE</b>
					TOTAL DEPTH		

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_  
PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_

PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_  
PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

COMPLETION & TEST DATA BY PRODUCING FORMATION

**404 RDPK**

FORMATION	<b>RED FOLK</b>						
SPACING & SPACING ORDER NUMBER	<b>UNIT 65881</b>						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	<b>OIL</b>						
PERFORATED INTERVALS	<b>2574-2601</b>						
ACID/VOLUME							
FRACTURE TREATMENT (Fluids/Prop Amounts)							

☐ 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	<b>8-25-19</b>						
OIL-BBL/DAY	<b>12</b>						
OIL-GRAVITY (API)	<b>36</b>						
GAS-MCF/DAY							
GAS-OIL RATIO CU FT/BBL							
WATER-BBL/DAY	<b>16</b>						
PUMPING OR FLOWING	<b>PUMP</b>						
INITIAL SHUT-IN PRESSURE	<b>N/A</b>						
CHOKE SIZE	<b>—</b>						
FLOW TUBING PRESSURE	<b>—</b>						

**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 **PAUL SCHULTZ** NAME (PRINT OR TYPE)  
ADDRESS **11717 S VINE ST** CITY **JENKS** STATE **OK** ZIP **74037** DATE **12-05-19** PHONE NUMBER **661-316-8255**  
EMAIL ADDRESS **COTTONWOOD2016@gmail.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
SEE ORIGINAL LOGS	

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?	_____ yes _____ no
Date Last log was run	_____
Was CO <sub>2</sub> encountered?	_____ yes _____ no at what depths? _____
Was H <sub>2</sub> S encountered?	_____ yes _____ no at what depths? _____
Were unusual drilling circumstances encountered?	_____ yes _____ no
If yes, briefly explain below	

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: