

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.: 35019058850001

**Completion Report**

Spud Date: March 30, 1949

OTC Prod. Unit No.: 019-028659-0-0000

Drilling Finished Date: April 03, 1949

**Amended**

1st Prod Date: April 20, 1949

Amend Reason: CONVERT TO INJECTOR

Completion Date: April 11, 1949

Recomplete Date: November 18, 2021

**Drill Type: STRAIGHT HOLE**

**SERVICE WELL**

Well Name: COLINE A & B A-3

Purchaser/Measurer:

Location: CARTER 16 3S 2W  
NE SW SW SE  
504 FSL 502 FWL of 1/4 SEC  
Latitude: 34.290333 Longitude: -97.411753  
Derrick Elevation: 959 Ground Elevation: 954

First Sales Date:

Operator: KODIAK OIL & GAS INC 23226

204 N WALNUT ST  
MUENSTER, 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
CONDUCTOR	10 33/4			27		12	SURFACE
PRODUCTION	7			924		150	SURFACE

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

**Total Depth: 984**

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
840	BAKER AD-1	924	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: PERMIAN

Code: 459PRMN

Class: INJ

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

Perforated Intervals	
From	To
890	917

Acid Volumes
UNKNOWN

Fracture Treatments
NONE

Formation	Top
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Were open hole logs run? Yes

Date last log run: April 03, 1949

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks
CONVERTING TO AN INJECTOR, UIC NUMBER 2201101201

FOR COMMISSION USE ONLY	
Status: Accepted	1147281

API NO. 019-05885  
OTC PROD. 019  
UNIT NO. 28659

Oil and Gas Conservation Division  
P.O. Box 52000  
Oklahoma City, OK 73152-2000  
405-521-2331  
OCCentralProcessing@OCC.OK.GOV



OKLAHOMA  
Corporation  
Commission

Form 1002A  
Rev. 2021

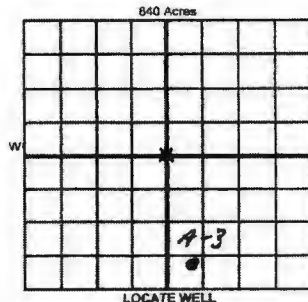
ORIGINAL  
AMENDED (Reason) **CONVERT TO INJECTOR**

Rule 165:10-3-25

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 **CARTER** SEC **16** TWP **35** RGE **2W**  
LEASE NAME **COLINE A & B** WELL NO. **A-3**  
NE 1/4 SW 1/4 SW 1/4 SE 1/4 FSL **504** FWL **502**  
ELEVATION **959** Ground **954** Latitude **34.290333** Longitude **97.411753**  
Derrick Fl. **954**  
OPERATOR NAME **KODIAK OIL & GAS, INC.** OTC / OCC OPERATOR NO. **23226**  
ADDRESS **204 N. WALNUT ST.**  
CITY **MUENSTER** STATE **TX** ZIP **76252**



COMPLETION TYPE

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

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR	10 3/4			27		12	SURF
SURFACE							
INTERMEDIATE							
PRODUCTION	7.0			924		150	SURF
LINER							

PACKER @ **840** BRAND & TYPE **BARER** PLUG @ **924** TYPE **PBTD** TOTAL DEPTH **984**  
PACKER @ **840** BRAND & TYPE **BARER** PLUG @ **459** TYPE **PRMN** PLUG @ **924** TYPE **PBTD**

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	<b>PERMIAN</b>						
SPACING & SPACING ORDER NUMBER							
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	<b>INTJ.</b>						
PERFORATED INTERVALS	<b>890-917</b>						
ACID/VOLUME	<b>UNKN</b>						
FRACTURE TREATMENT (Fluids/Prop Amounts)	<b>NONE</b>						

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



OR

Oil Allowable (165:10-13-3)

Purchaser/Measurer

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							

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.

**JOHN R. LAWS** **JOHN R. LAWS** **11/18/21 2258455**  
SIGNATURE NAME (PRINT OR TYPE) DATE PHONE NUMBER  
**1515 WARD RO., ARDMORE, OK. 73401** **JRLAWS@HOTMAIL.COM**  
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 drilitem tested.

LEASE NAME COLINE AFB WELL NO. A-3

NAMES OF FORMATIONS	TOP
<i>SEE ORIGINAL</i>	

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="radio"/> yes <input type="radio"/> no
Date Last log was run	<u>4-3-49</u>
Was CO <sub>2</sub> encountered?	<input type="radio"/> yes <input checked="" type="radio"/> no at what depths? _____
Was H <sub>2</sub> S encountered?	<input type="radio"/> yes <input checked="" type="radio"/> no at what depths? _____
Were unusual drilling circumstances encountered?	<input type="radio"/> yes <input checked="" type="radio"/> no
If yes, briefly explain below	

Other remarks: CONVERTING TO AN INJECTOR UIC 2101101201  
2201101201

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
1/4	1/4	1/4	1/4
Measured Total Depth		True Vertical Depth	
		BHIL From Lease, Unit, or Property Line:	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1			
SEC	TWP	RGE	COUNTY
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	
		BHIL From Lease, Unit, or Property Line:	

LATERAL #2			
SEC	TWP	RGE	COUNTY
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	
		BHIL From Lease, Unit, or Property Line:	

LATERAL #3			
SEC	TWP	RGE	COUNTY
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	Direction
Measured Total Depth		True Vertical Depth	
		BHIL From Lease, Unit, or Property Line:	