### Oklahoma Corporation Commission Oil & Gas Conservation Division Post Office Box 52000 Oklahoma City, Oklahoma 73152-2000

Rule 165: 10-3-25

API No.: 35067210730001 **Completion Report** Spud Date: August 29, 2012

OTC Prod. Unit No.: 067-206463 Drilling Finished Date: August 29, 2012

1st Prod Date: November 09, 2012

Amended Completion Date: November 19, 2012 Amend Reason: CONVERT INTO INJECTOR

Recomplete Date: December 13, 2018

Drill Type: STRAIGHT HOLE

**SERVICE WELL** 

Well Name: TYLER 6 Purchaser/Measurer:

Location: JEFFERSON 29 3S 4W First Sales Date:

NW SE SW NW 495 FSL 825 FWL of 1/4 SEC

Derrick Elevation: 989 Ground Elevation: 984

Operator: HMD OIL COMPANY INC 22925

> 224B N ROCKFORD RD ARDMORE, OK 73401-2542

	Completion Type
Х	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							
Туре	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
PRODUCTION	5 1/2			1749		250	SURFACE

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

Total Depth: 1750

Pad	cker
Depth	Brand & Type
1500	ARROW TENSION

PI	ug
Depth	Plug Type
1749	PBTD

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
	There are no Initial Data records to display.									

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Completion and Test Data by Producing Formation							
Formation Na	ame: HOXBAR	Code: 405HXBR	Class: INJ				
Spacing	Orders	Perforated In					
Order No	Unit Size	From	То				
UNSPACED		1551	1686				
		1		]			
Acid Vo	lumes	Fracture Trea					
NOI	NE	NONE	NONE				
				,			

Formation Top

Were open hole logs run? Yes

Date last log run: August 29, 2012

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

CONVERT THIS PRODUCER INTO AN INJECTOR. PERMIT NUMBER 1906190002

## FOR COMMISSION USE ONLY

1141813

Status: Accepted

February 27, 2019 2 of 2

# RECEIVED

JAN 072018

EMAIL ADDRESS

Form 1002A

Rev. 2009

### (PLEASE TYPE OR USE BLACK INK ONLY)

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

COMPLETION TYPE  CASING & CEMENT (Form 1902C must be attached)  COMPLETION TYPE  CASING & CEMENT (Form 1902C must be attached)  STATE ON ACCRETION DISC ONDECTION OPERATOR OF SAX ACCOMPLETION ACCOUNTY FOR SAX OF SAND A TYPE PLUG ® TYPE	E
SERVICE WELL DATE SERVICE WELL DATE SERVICE WELL DATE SERVICE WELL DATE SERVICE STATE NAME NAME NAME WELL SERVICE STATE NAME NO. SEC 29 TWP35 RGE 4/U COMPLETION NO. 1st PROD DATE NO. 1st	ELL TOP OF CMT  SURF 1750 1749
COUNTY JERSON SEC 29 TWP35 RGE 44W DATE OF WELL LEASE TYPE  WELL NO. 1st PROD DATE 1/9/12  WE	SURF CO
LEASE WELL NAME WANTE WA	SURF CO
WW 1/4 SE 1/4 SW 1/4 WW 1/4 FEL OF 1/4 SEC 1/7 1/4 SEC	SURF CO
ELEVATION 9 9 Ground 984 Letitude (if known) Longitude (if known)  PERRATOR  AMDERSS P.O. BOX 233  CITY FOX STATE W. ZIP 73F35  COMPLETION TYPE  CASING & CEMENT (Form 1002C must be attached)  TYPE SIZE WEIGHT GRADE FEET PSI SAX  Application Date  COMMINISTED  ADDRESS PO. BOX 233  CASING & CEMENT (Form 1002C must be attached)  TYPE SIZE WEIGHT GRADE FEET PSI SAX  CONDUCTOR  Application Date  COMMINISTED  ACCEPTION  INTERMEDIATE  PRODUCTION  PRACKER OF SIZE WEIGHT GRADE FEET PSI SAX  CONDUCTOR  INTERMEDIATE  PRODUCTION  INTERMEDIATE  PRODUCTION  TYPE PLUG TYPE  PRODUCTION  TYPE PLUG TYPE  PRODUCTION  TOTAL  TOT	SURF CO
ANDRESS P.O. BOX 332 CITY FOX  STATE W. ZIP 73435  LOCATEWE  COMPLETION TYPE  SINGLE ZONE  MULTIPLE ZONE Application Date COMMINGLED Application EXCEPTION INTERMEDIATE PRODUCTION SURFACE INTERMEDIATE PRODUCTION INTERMEDIATE PRODUCTION INTERMEDIATE PRODUCTION INTERMEDIATE PROPACKER BAND & TYPE PLUG TYPE PL	TOP OF CMT  SURF CA  1750 1749
ADDRESS P.O. BOX 233  CITY FOX  STATE W. ZIP 73 // 35  LOCATE WE  COMPLETION TYPE  CASING & CEMENT (Form 1002C must be attached)  TYPE SIZE WEIGHT GRADE FEET PSI SAX  CONDUCTOR  Application Date COMMINISED ADDICATION EXCEPTION PROFILE OND PROFILE	TOP OF CMT  SURF CA  1750 1749
COMPLETION TYPE  CASING & CEMENT (Form 1002C must be attached)  TYPE SIZE WEIGHT GRADE FEET PSI SAX  COMPLETION TYPE  CASING & CEMENT (Form 1002C must be attached)  TYPE SIZE WEIGHT GRADE FEET PSI SAX  CONDUCTOR  Application Date  COMMINICED  Application Date  COMMINICED  ADDICATION EXCEPTION  REFER IO.  NORCEASED DENSITY  REFER IO.  PRODUCTION TYPE  PRODUCTION TYPE  PRODUCTION TYPE  PRODUCTION TYPE  PLUG @ TYPE  PLUG @ TYPE  PLUG @ TYPE  PRODUCTION  PROPERTION A TEST DATA BY PRODUCING FORMATION  PROPERTION A TEST DATA BY PROPER	TOP OF CMT  SURF CA  1750 1749
COMPLETION TYPE  CASING & CEMENT (Form 1002C must be attached)  TYPE SIZE WEIGHT GRADE FEET PSI SAX  MULTIPLE ZONE Application Date OCOMMINGLED OCOMMI	TOP OF CMT  SURF CA  1750 1749
MULTIPLE ZONE Application Date COMMINGLED Application Date	SURF CO 1750 1749
Application Date COMMUNICED COMMINGLED Application Date COCATION EXCEPTION DRIDER NO NORCEASED DENSITY DRIDER NO NORCEASED DENSITY DRIDER NO PACKER @ JSOU BRAND & TYPE PRODUCTION DRIDER NO DRIDER NO DRIDER NO NORCEASED DENSITY DRIDER NO	1750
ACIDIVOLUME  Min Gas Allowable  Min Gas Allowable  Min Gas Allowable  Min Gas Allowable  OR ACTOR ACCE  Minter Min Gas Allowable  OR ACTOR ACCE  Minter Mint	1750
INTERMEDIATE   INTERM	1750
PRODUCTION \$2	1750
LINER  LINER  DACKER @ JSOU BRAND & TYPE TEUSON  PLUG @ TYPE PLUG @ TYPE DEPTH  PLUG @ TYPE PLUG @ TYPE PLUG @ TYPE  COMPLETION & TEST DATA BY PRODUCING FORMATION  FORMATION  HOX BAR  SPACING & SPACING  PACED  LINER  PLUG @ TYPE PLUG @ TYPE  TOTAL  TYPE  PLUG @ TYPE  TYPE  TOTAL  TYPE  PLUG @ TYPE  TYPE  PLUG @ TYPE  TYPE  TOTAL  TYPE  TOTAL	1750
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG & TYPE PLUG @ TYPE PLUG @ TYPE PLUG @ TYPE PLUG & TYPE PLUG & TYPE PLUG @ TYPE PLUG & T	1750 1749 No Frac
PACKER @ BRAND & TYPE PLUG @ TYPE PLUG & TYPE PLUG @ TYPE PLUG @ TYPE PLUG & T	1749 No Fruc
COMMATION ADXBAR  FORMATION HOXBAR  MIN Gas Allowable (185:10-17-7) Gas Purchaser/Measurer  First Sales Date  First Sales Date	No Fruc
PROPER NUMBER  UNSPACED  U	No Frac
DRIER NUMBER CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc  PERFORATED NTERVALS  1551-1686  CID/VOLUME  RACTURE TREATMENT Fluids/Prop Amounts)  Min Gas Allowable Oil Allowable (165:10-17-7) OR Oil Allowable (165:10-13-3)  NITIAL TEST DATE	10 1100
Disp, Comm Disp, Svc  PERFORATED NTERVALS    1551-1686	
ACID/VOLUME  RACTURE TREATMENT Fluids/Prop Amounts)  Min Gas Allowable OR OR OR OII Allowable (165:10-17-7) Gas Purchaser/Measurer First Sales Date	<del>2                                     </del>
RACTURE TREATMENT Fluids/Prop Amounts)  Min Gas Allowable (165:10-17-7) OR Oil Allowable (165:10-13-3)  NITIAL TEST DATA  NITIAL TEST DATE  Min Gas Allowable (165:10-13-3)	
RACTURE TREATMENT Fluids/Prop Amounts)  Min Gas Allowable (165:10-17-7) OR Oil Allowable (165:10-13-3)  NITIAL TEST DATA  NITIAL TEST DATE  Min Gas Allowable (165:10-13-3)	
Min Gas Allowable (165:10-17-7) Gas Purchaser/Measurer OR Oil Allowable (165:10-13-3)  WITIAL TEST DATE	
OR First Sales Date  Oil Allowable (165:10-13-3)  IITIAL TEST DATE	
OR First Sales Date  Oil Allowable (165:10-13-3)  NITIAL TEST DATE	
NITIAL TEST DATE	
IL-BBL/DAY	
IL-GRAVITY ( API)	-
AS-MCF/DAY	
AS-OIL RATIO CU FT/BBL	
AS-OIL RATIO CU FT/BBL  /ATER-BBL/DAY  UMPING OR FLOWING	
UMPING OR FLOWING	
IITIAL SHUT-IN PRESSURE	
HOKE SIZE	
LOW 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 the 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.  SIGNATURE  NAME (RONT OF TIGES)	

#### PLEASE TYPE OR USE BLACK INK ONLY FORMATION RECORD

Give formation	names and tops, if	available, o	r descriptions	and thickness	of formations
	Show intervals cor				

NAMES OF FORMATIONS	TOP		FOR COM	MMISSION USE ONLY	
		ITD on file	s No		
		APPROVED DI	SAPPROVED 2) Re	eject Codes	
					*
			<del></del>		
			<del></del>		
1					
			<del>1</del>		
				parallel Marie A. C. Marie Mar	
		Were open hole logs run?		200	
				19/12	
*		Date Last log was run	0/9	17/12	
		Was CO <sub>2</sub> encountered?	yes	no at what depths?	
		Was H₂S encountered?	yes _	no at what depths?	
		Were unusual drilling circu	imstances encountered?	Ţ	es <u></u> no
		If yes, briefly explain below		y	
Other remarks:					
CONVERT THIS P	RODUCER	INTO AN INJ	IECTUR H	ermit 190	6190002
640 Acres BOTTO	M HOLE LOCATION FOR D	NECTIONAL HOLE			
SEC	TWP	COUNTY			
Spot Loc		444	Feet From 1/4 Sec Lines	FSL	FWL
Measure	1/4 1/4 ed Total Depth	1/4 1/4 True Vertical Depth	BHL From Lease, Unit, or I		
ВОТТО	I HOLE LOCATION FOR H	IORIZONTAL HOLE: (LATERAL	S)		
LATER/ ISEC		loorwent.			
	TWP RGE	COUNTY			
Spot Loc	cation 1/4 1/4	1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of		1/4 1/4 Radius of Turn	Direction	Total	
If more than three drainholes are proposed, attach a Separate sheet indicating the necessary information.  Deviation  Measure	n ed Total Depth	True Vertical Depth	BHL From Lease, Unit, or I	Length	
Direction must be stated in degrees azimuth.		Truo Voltabal Doptil	Drie From Lease, Onit, of F	Toperty Line.	
Please note, the horizontal drainhole and its end					y the second
point must be located within the boundaries of the lease or spacing unit.	AL #2 TWP RGE	COUNTY			8
Disables		COUNTY			
drainholes and directional wells.	cation 1/4 1/4	1/4 1/4	Feet From 1/4 Sec Lines	FSL	FWL
640 Acres Depth of		Radius of Turn	Direction	Total	
Deviation Measure	n ed Total Depth	True Vertical Depth	BHL From Lease, Unit, or F	Length	
	F 77			Topolty Lilio.	
LATERA ISEC		COUNTY			*
		COUNTY			
Spot Loc	2ation 1/4 1/4	1/4 1/4	Feet From 1/4 Sec Lines	FSL	FWL
Depth of		Radius of Turn	Direction	Total	
Deviation Measure	n ed Total Depth	True Vertical Depth	BHL From Lease, Unit, or F	Length	
		do vortical Deptil	Direction Lease, Unit, of F	Toperty Line:	

LEASE NAME

WELL NO. 6