

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.: 35143243200000

**Completion Report**

Spud Date: August 14, 2018

OTC Prod. Unit No.: 143-224227

Drilling Finished Date: August 15, 2018

1st Prod Date: October 25, 2018

Completion Date: October 24, 2018

**Drill Type: STRAIGHT HOLE**

Well Name: CHALKY WHITE UNIT 1

Purchaser/Measurer:

Location: TULSA 12 21N 12E  
N2 S2 S2 S2  
410 FSL 2640 FWL of 1/4 SEC  
Derrick Elevation: 0 Ground Elevation: 618

First Sales Date:

Operator: LDO LLC 24147

8929 S JOPLIN AVE  
TULSA, OK 74137-3020

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	7	23	LS	103	2500	35	SURFACE
PRODUCTION	4 1/2	11.6		1448	4900	130	SURFACE

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

**Total Depth: 1458**

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
There are no Packer records to display.		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
Oct 25, 2018	BARTLESVILLE	5	32			180	PUMPING			

Completion and Test Data by Producing Formation			
Formation Name: BARTLESVILLE		Code: 404BRVL	Class: OIL
<b>Spacing Orders</b>		<b>Perforated Intervals</b>	
<b>Order No</b>	<b>Unit Size</b>	<b>From</b>	<b>To</b>
UNSPACED		1172	1210
<b>Acid Volumes</b>		<b>Fracture Treatments</b>	
1,000 GALLONS 10% HCL		NONE	

Formation	Top
CLEVELAND	194
OSWEGO	667
BARTLESVILLE	1170
BURGESS	1420

Were open hole logs run? Yes  
Date last log run: August 15, 2018  
  
Were unusual drilling circumstances encountered? No  
Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1142521

API  
NO. **143-24320**  
OTC PROD.  
UNIT NO. **142-224227**

(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

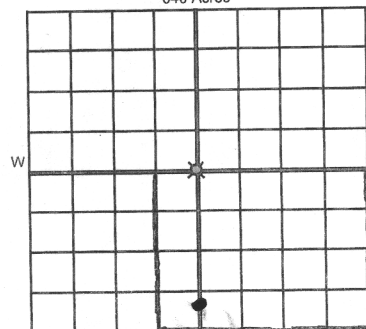
RECEIVED

Form 1002A  
Rev. 2009

APR 04 2019

OKLAHOMA CORPORATION  
COMMISSION

640 Acres



☒ ORIGINAL  
☐ AMENDED (Reason) \_\_\_\_\_

TYPE OF DRILLING OPERATION

☒ STRAIGHT WELL ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE  
SERVICE WELL

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

COUNTY <b>Tulsa</b>	SEC <b>12</b>	TWP <b>2W</b>	RGE <b>12E</b>	SPUD DATE <b>8/14/18</b>
LEASE NAME <b>Cholly white unit</b>	WELL NO. <b>1</b>	DRLG FINISHED DATE <b>8/15/18</b>		
<b>N1/2 1/4 S1/2 1/4 S1/2 1/4</b>	FSL OF 1/4 SEC <b>410</b>	FWL OF 1/4 SEC <b>2640</b>	DATE OF WELL COMPLETION <b>10/24/18</b>	
ELEVATION Derrick FL <b>Ground 618</b>	Latitude (if known)	1st PROD DATE <b>10/25/18</b>		
OPERATOR NAME <b>LDO, LLC</b>	OTC / OCC OPERATOR NO. <b>24147</b>		RECOMP DATE	
ADDRESS <b>8929 S. Joplin Ave</b>				
CITY <b>Tulsa</b>	STATE <b>OK</b>	ZIP <b>74137</b>		

COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE	
<input type="checkbox"/> 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	7"	23lbs	LS	103	3500	35	SAC
INTERMEDIATE							
PRODUCTION	4 1/2"	11.6lbs		1448	4700	130	SAC
LINER							
TOTAL DEPTH						1458	

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

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	<b>Bartlesville</b>					<b>No Frac</b>
SPACING & SPACING ORDER NUMBER	<b>Unspaced</b>					
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	<b>Oil</b>					
PERFORATED INTERVALS	<b>1172-1210</b>					
ACID/VOLUME	<b>1000 gal 10% HCl</b>					
FRACTURE TREATMENT (Fluids/Prop Amounts)	<b>none</b>					

CBL  
shows good  
bond  
DN

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

Gas Purchaser/Measurer

OR

First Sales Date

INITIAL TEST DATA

INITIAL TEST DATE	<b>10/25/18</b>				
OIL-BBL/DAY	<b>5</b>				
OIL-GRAVITY (API)	<b>32</b>				
GAS-MCF/DAY	<b>TSTM</b>				
GAS-OIL RATIO CU FT/BBL					
WATER-BBL/DAY	<b>180</b>				
PUMPING OR FLOWING	<b>pumping</b>				
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 **[Signature]** NAME (PRINT OR TYPE) **Levly Doyel (Manager)** DATE **4-1-19** PHONE NUMBER **918-574-1320**  
ADDRESS **8929 S. Joplin Ave** CITY **Tulsa** STATE **OK** ZIP **74137** EMAIL ADDRESS **ldoperating@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.

LEASE NAME \_\_\_\_\_

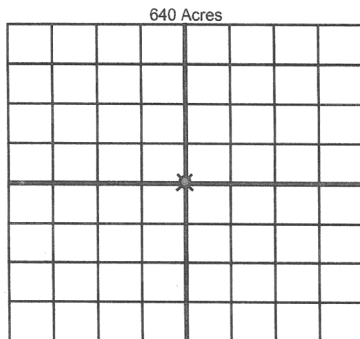
WELL NO. #1

NAMES OF FORMATIONS	TOP
Cleveland	194
Oswego	667
Bartlesville	1170
Burgess	1420

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?	<u>X</u> yes <input type="checkbox"/> no
Date Last log was run	<u>8-15-2018</u>
Was CO <sub>2</sub> encountered?	<input type="checkbox"/> yes <u>X</u> no at what depths? _____
Was H <sub>2</sub> S encountered?	<input type="checkbox"/> yes <u>X</u> no at what depths? _____
Were unusual drilling circumstances encountered?	<input type="checkbox"/> yes <u>X</u> no
If yes, briefly explain below	

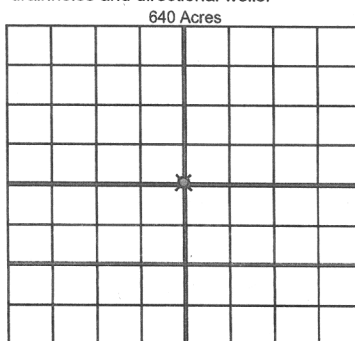
Other remarks:



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)

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:

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:

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: