

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.: 35143243210000

**Completion Report**

Spud Date: August 12, 2018

OTC Prod. Unit No.: 143-224227

Drilling Finished Date: August 13, 2018

1st Prod Date: December 01, 2018

Completion Date: November 30, 2018

**Drill Type: STRAIGHT HOLE**

Well Name: CHALKY WHITE UNIT 2

Purchaser/Measurer:

Location: TULSA 12 21N 12E  
N2 N2 S2 S2  
1000 FSL 2640 FWL of 1/4 SEC  
Derrick Elevation: 0 Ground Elevation: 619

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		1455	4900	130	SURFACE

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

**Total Depth: 1460**

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
Dec 01, 2018	BARTLESVILLE	4	32			120	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		1168	1210
<b>Acid Volumes</b>		<b>Fracture Treatments</b>	
1,000 GALLONS 10% HCL		NONE	

Formation	Top
CLEVELAND	204
OSWEGO	668
BARTLESVILLE	1168
BURGESS	1418

Were open hole logs run? Yes  
Date last log run: August 13, 2018  
  
Were unusual drilling circumstances encountered? No  
Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1142522

API  
NO. **143-24321**  
OTC PROD.  
UNIT NO. **143-224227**

(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**

APR 04 2019

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

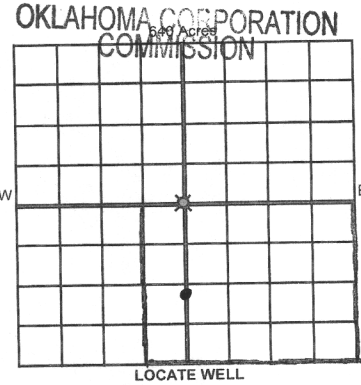
## COMPLETION REPORT

## TYPE OF DRILLING OPERATION

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

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

COUNTY <b>Tulsa</b>	SEC <b>12</b>	TWP <b>2N</b>	RGE <b>12E</b>	SPUD DATE <b>8/12/18</b>
LEASE NAME <b>Cholly white unit</b>	WELL NO. <b>2</b>	DRLG FINISHED DATE <b>8/13/18</b>	DATE OF WELL COMPLETION <b>11/30/18</b>	1st PROD DATE <b>12/01/18</b>
<b>N/2 1/4 N/2 1/4 S2 1/4 S2 1/4</b>	FSL OF 1/4 SEC <b>1000</b>	FWL OF 1/4 SEC <b>2640</b>	RECOMP DATE	Longitude (if known)
ELEVATION <b>619</b>	Latitude (if known)	OTC / OCC OPERATOR NO. <b>24147</b>		
OPERATOR NAME <b>LDO, LLC</b>	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	
<input type="checkbox"/> COMMINGLED	
Application Date	
LOCATION EXCEPTION ORDER NO.	
INCREASED DENSITY ORDER NO.	

## CASING &amp; CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	7"	23lbs	LS	103	3500	35	SFC
INTERMEDIATE							
PRODUCTION	4 1/2"	11.6lbs		1455	4700	130	SFC
LINER							
						TOTAL DEPTH	1460

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

## COMPLETION &amp; 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>1168-1210</b>					
ACID/VOLUME	<b>1000 gal 10% HCL</b>					
FRACTURE TREATMENT (Fluids/Prop Amounts)	<b>none</b>					

CBL shows good bond PKN

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

Gas Purchaser/Measurer



OR

First Sales Date

Oil Allowable (165:10-13-3)

## INITIAL TEST DATA

INITIAL TEST DATE	<b>12/1/18</b>				
OIL-BBL/DAY	<b>4</b>				
OIL-GRAVITY (API)	<b>32</b>				
GAS-MCF/DAY	<b>7574</b>				
GAS-OIL RATIO CU FT/BBL					
WATER-BBL/DAY	<b>120</b>				
PUMPING OR FLOWING	<b>Pump</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

Landy Doyel (Manager)

NAME (PRINT OR TYPE)

4-1-19 918-574-1320

DATE

PHONE NUMBER

8929 S. Joplin Ave

ADDRESS

Tulsa

CITY

OK 74137

STATE

ZIP

ldoyel@ gmail.com

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 drillstem tested.

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

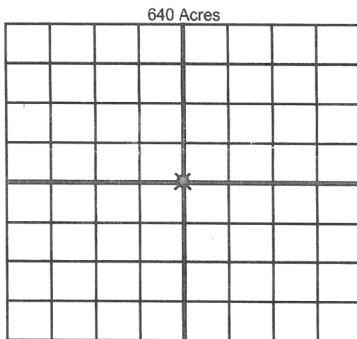
WELL NO. #2

NAMES OF FORMATIONS	TOP
Cleveland	204
Oswego	668
Bartlesville	1168
Burgess	1418

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	<u>8-13-2018</u>
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	

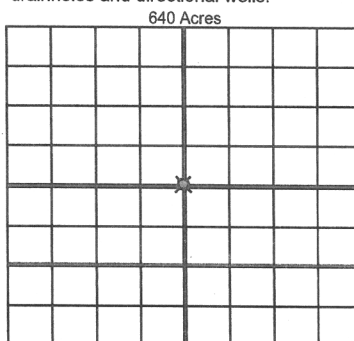
Other remarks:



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)

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: