

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.: 35143243230000

Completion Report

Spud Date: August 08, 2018

OTC Prod. Unit No.: 143-224227

Drilling Finished Date: August 09, 2018

1st Prod Date: October 26, 2018

Completion Date: October 25, 2018

Drill Type: STRAIGHT HOLE

Well Name: CHALKY WHITE UNIT 3

Purchaser/Measurer:

Location: TULSA 12 21N 12E
C S2 S2 SE
330 FSL 1320 FEL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 617

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		1454	4900	135	SURFACE

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

Total Depth: 1497

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 26, 2018	BURGESS	11	34			80	PUMPING			

Completion and Test Data by Producing Formation			
Formation Name: BURGESS		Code: 404BRGS	Class: OIL
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
UNSPACED		1422	1446
Acid Volumes		Fracture Treatments	
1,000 GALLONS 15% HCL		NONE	

Formation	Top
CLEVELAND	196
OSWEGO	655
BARTLESVILLE	1160
BURGESS	1420

Were open hole logs run? Yes
Date last log run: August 09, 2018

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1142523

API NO. **143-24323**
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 Form 1002A
Rev. 2009

APR 04 2019

OKLAHOMA CORPORATION
COMMISSION

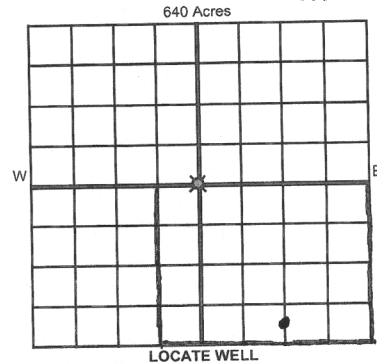
☒ ORIGINAL
☐ AMENDED (Reason) _____

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 Tulsa	SEC 12	TWP 2W	RGE 12E	SPUD DATE 8/8/18
LEASE NAME Cholly white unit	WELL NO. 3	DATE OF WELL COMPLETION 10/25/18	1st PROD DATE 10/26/18	
C 1/4 S2 1/4 S2 1/4 SE 1/4	FSL OF 1/4 SEC 330	PWT OF 1/4 SEC 1320	RECOMP DATE	
ELEVATION GL Ground 617	Latitude (if known)	Longitude (if known)		
OPERATOR NAME LDO, LLC	OTC / OCC OPERATOR NO. 24147			
ADDRESS 8929 S. Joplin Ave				
CITY Tulsa	STATE OK	ZIP 74137		



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	S-R
INTERMEDIATE							
PRODUCTION	4 1/2"	11.6lbs		1454	4700	135	S-R
LINER							
						TOTAL DEPTH	1497

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Burgess						No Frac
SPACING & SPACING ORDER NUMBER	Unspaced						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Oil						
	1422-1446						
PERFORATED INTERVALS							
ACID/VOLUME	1000 gal 15% HCL						
FRACTURE TREATMENT (Fluids/Prop Amounts)	none						

CBL
shows
good
Bond
DR

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

Gas Purchaser/Measurer



OR

First Sales Date

INITIAL TEST DATA

Oil Allowable (165:10-13-3)

INITIAL TEST DATE	10/26/18					
OIL-BBL/DAY	11					
OIL-GRAVITY (API)	34					
GAS-MCF/DAY	TSTM					
GAS-OIL RATIO CU FT/BBL						
WATER-BBL/DAY	80					
PUMPING OR FLOWING	Pump					
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):** **Landy Royel (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 _____

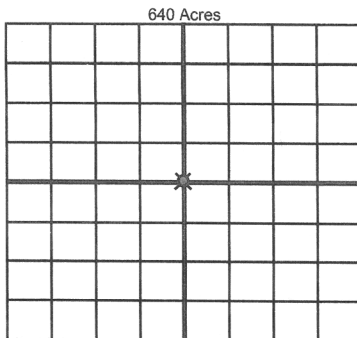
WELL NO. #3

NAMES OF FORMATIONS	TOP
Cleveland	196
Oswego	655
Bortlesville	1160
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 <u> </u> no
Date Last log was run	<u>8-9-2018</u>
Was CO ₂ encountered?	<u> </u> yes <u>X</u> no at what depths? _____
Was H ₂ S encountered?	<u> </u> yes <u>X</u> no at what depths? _____
Were unusual drilling circumstances encountered?	<u> </u> yes <u>X</u> no
If yes, briefly explain below	

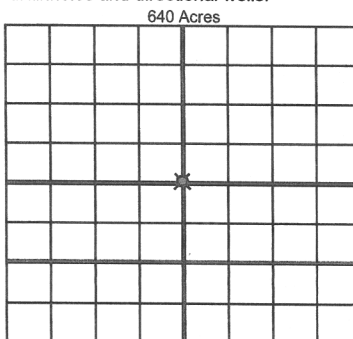
Other remarks:



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)

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: