

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.: 35105412140001

**Completion Report**

Spud Date: January 24, 2017

OTC Prod. Unit No.:

Drilling Finished Date: January 25, 2017

1st Prod Date: May 01, 2019

Completion Date: May 01, 2019

**Drill Type: STRAIGHT HOLE**

Well Name: GARRETT PHASE II (GARRETT 4-B) 4B

Purchaser/Measurer:

Location: NOWATA 1 26N 14E  
SE NE SE SW  
885 FSL 2495 FWL of 1/4 SEC  
Derrick Elevation: 0 Ground Elevation: 865

First Sales Date:

Operator: ROCKY TOP ENERGY LLC 22945  
PO BOX 902  
701 E MODOC AVE  
NOWATA, OK 74048-0902

| 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 |
| PRODUCTION        | 4 1/2 |        |       | 1231 |     | 95  | SURFACE    |

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

**Total Depth: 1631**

| 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 |
| May 01, 2019      | BARTLESVILLE | 1.5         |                   |             |                         | 5             | PUMPING           |                          |            |                      |

| Completion and Test Data by Producing Formation |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
|---|--|--|--|--|--|--|--|--|--|--|

|                              |           |                      |            |
|------------------------------|-----------|----------------------|------------|
| Formation Name: BARTLESVILLE |           | Code: 404BRVL        | Class: OIL |
| Spacing Orders               |           | Perforated Intervals |            |
| Order No                     | Unit Size | From                 | To         |
| NONE                         |           | 1160                 | 1178       |
| Acid Volumes                 |           | Fracture Treatments  |            |
| 250 GALLONS 15% HCL          |           | NONE                 |            |

| Formation    | Top  |
|--------------|------|
| BARTLESVILLE | 1160 |

Were open hole logs run? Yes  
Date last log run: January 26, 2017  
  
Were unusual drilling circumstances encountered? No  
Explanation:

|   |
|---|
| Other Remarks   |
| THE WELL WAS COMPLETED AS A PRODUCING WELL WITH VERY MINIMAL PRODUCTION. OPERATOR PLANS TO CONVERT THE WELL TO A DISPOSAL WELL. |

|                         |         |
|-------------------------|---------|
| FOR COMMISSION USE ONLY |         |
| Status: Accepted        | 1145412 |

OIL AND GAS CONSERVATION DIVISION  
P.O. Box 52000  
Oklahoma City, OK 73152-2000  
405-522-0577  
occcentralprocessing@occ.ok.gov



Form 1002A

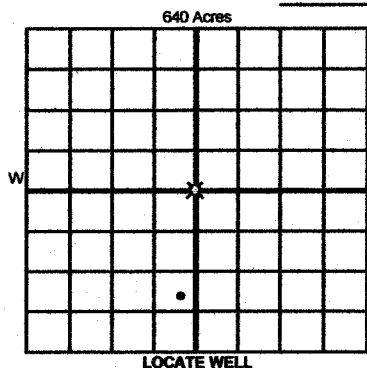
Rev. 2009

Received  
7-2-20

API  
NO. 105-41214

OTC PROD.  
UNIT NO.

|   |  |   |                            |                                     |                                  |
|---|--|---|----------------------------|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> ORIGINAL<br><input type="checkbox"/> AMENDED (Reason) _____   |  | WELL COMPLETION REPORT<br>OAC 165:10-3-25 |                            | (PLEASE TYPE OR USE BLACK INK ONLY) |                                  |
| TYPE OF DRILLING OPERATION<br><input checked="" type="checkbox"/> STRAIGHT HOLE <input type="checkbox"/> DIRECTIONAL HOLE <input type="checkbox"/> HORIZONTAL HOLE<br><input type="checkbox"/> SERVICE WELL |  |   |                            | SPUD DATE 1/24/2017                 |                                  |
| If directional or horizontal, see reverse for bottom hole location.   |  |   |                            | DRLG FINISHED DATE 1/25/2017        |                                  |
| COUNTY NOWATA   |  | SEC 1                                     | TWP 26N                    | RGE 14E                             | DATE OF WELL COMPLETION 5/1/2019 |
| LEASE NAME Garrett Phase II (Garrett 4B)  |  |   | WELL NO. 4B                | 1st PROD DATE 5/1/2019              |                                  |
| SE 1/4 NE 1/4 SE 1/4 SW 1/4   |  | FSL OF 1/4 SEC 885                        | FWL OF 1/4 SEC 2495        | RECOMP DATE                         |                                  |
| ELEVATION<br>Derrick FL Ground 865  |  | Latitude (if known)                       |                            | Longitude (if known)                |                                  |
| OPERATOR NAME ROCKY TOP ENERGY LLC  |  |   | OTC/OCC OPERATOR NO. 22945 |                                     |                                  |
| ADDRESS P.O BOX 902   |  |   |                            |                                     |                                  |
| CITY NOWATA   |  | STATE OK                                  | ZIP 74048-0902             |                                     |                                  |



|  |  |                                     |       |        |       |      |     |     |            |
|--|--|-------------------------------------|-------|--------|-------|------|-----|-----|------------|
| COMPLETION TYPE<br><input checked="" type="checkbox"/> SINGLE ZONE<br><input type="checkbox"/> MULTIPLE ZONE<br><input type="checkbox"/> COMMINGLED<br><input type="checkbox"/> LOCATION EXCEPTION<br><input type="checkbox"/> ORDER NO.<br><input type="checkbox"/> INCREASED DENSITY<br><input type="checkbox"/> ORDER NO. |  | CASING & CEMENT (Attach Form 1002C) |       |        |       |      |     |     |            |
|  |  | TYPE                                | SIZE  | WEIGHT | GRADE | FEET | PSI | SAX | TOP OF CMT |
|  |  | CONDUCTOR                           |       |        |       |      |     |     |            |
|  |  | SURFACE                             |       |        |       |      |     |     |            |
|  |  | INTERMEDIATE                        |       |        |       |      |     |     |            |
|  |  | PRODUCTION                          | 4 1/2 |        |       | 1231 |     | 95  | SURFACE    |
|  |  | LINER                               |       |        |       |      |     |     |            |
|  |  | TOTAL DEPTH 1631                    |       |        |       |      |     |     |            |

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

COMPLETION & TEST DATA BY PRODUCING FORMATION

|   |                 |                 |  |  |  |  |  |         |
|---|-----------------|-----------------|--|--|--|--|--|---------|
| FORMATION                                       | BARTLESVILLE    |                 |  |  |  |  |  | No Frac |
| SPACING & SPACING                               | NONE            |                 |  |  |  |  |  |         |
| ORDER NUMBER                                    |                 |                 |  |  |  |  |  |         |
| CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc | OIL             |                 |  |  |  |  |  |         |
| PERFORATED INTERVALS                            | 1160-1178       |                 |  |  |  |  |  |         |
| ACID/VOLUME                                     | 250 GAL 15% HCL | 250 GAL 15% HCL |  |  |  |  |  |         |
| FRACTURE TREATMENT (Fluids/Prop Amounts)        | none            |                 |  |  |  |  |  |         |

Min Gas Allowable (165:10-17-7) ☐ OR Gas Purchaser/Measurer First Sales Date \_\_\_\_\_  
Oil Allowable (165:10-13-3)

INITIAL TEST DATA

|                          |          |  |  |  |  |  |  |
|--------------------------|----------|--|--|--|--|--|--|
| INITIAL TEST DATE        | 5/1/2019 |  |  |  |  |  |  |
| OIL-BBL/DAY              | 1 1/2    |  |  |  |  |  |  |
| OIL-GRAVITY (API)        |          |  |  |  |  |  |  |
| GAS-MCF/DAY              |          |  |  |  |  |  |  |
| GAS-OIL RATIO CU FT/BBL  |          |  |  |  |  |  |  |
| WATER-BBL/DAY            | 5        |  |  |  |  |  |  |
| PUMPING OR FLOWING       | PUMPING  |  |  |  |  |  |  |
| 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.

Saleem Nizami  
SIGNATURE  
c/o Rocky Top P.O. Box 902  
ADDRESS  
Nowata OK 74048  
CITY STATE ZIP  
6/29/2020  
DATE  
405-513-6055  
PHONE NUMBER  
apecapec@msn.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 Garrett Phase II (Garrett 4B)

WELL NO. 4B

| NAMES OF FORMATIONS | TOP  |
|---------------------|------|
| Bartlesville        | 1160 |

FOR COMMISSION USE ONLY

ITD on file ☐ YES ☐ NO

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

2) Reject Codes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were open hole logs run? ☒ yes ☐ no

Date Last log was run 1/26/2017

Was CO<sub>2</sub> encountered? ☐ yes ☒ no at what depths? \_\_\_\_\_

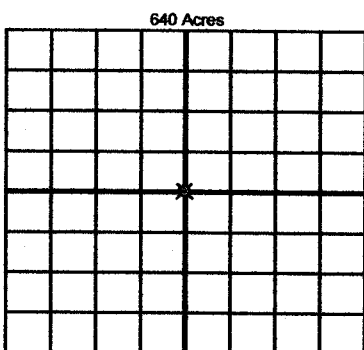
Was H<sub>2</sub>S encountered? ☐ yes ☒ no at what depths? \_\_\_\_\_

Were unusual drilling circumstances encountered? ☐ yes ☒ no

If yes, briefly explain below \_\_\_\_\_

Other remarks:

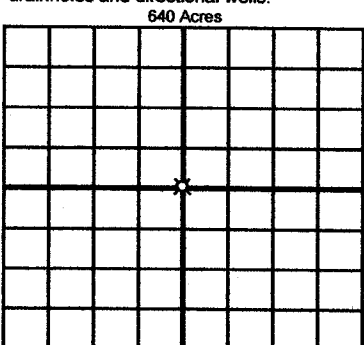
The well was completed as a producing well with very minimal production. Operator plans to convert to well to a disposal well



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: |     |                     |              |

# CEMENTING REPORT

Form 1002C  
Rev. 2012

OKLAHOMA CORPORATION COMMISSION  
Oil & Gas Conservation Division  
Post Office Box 52000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(i)

API No.  
**105-41214-01**

This form shall be filed with the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(i). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

|                                    |     |     |     |     |                      |                               |
|------------------------------------|-----|-----|-----|-----|----------------------|-------------------------------|
| *Operator <b>Rocky Top Energy</b>  |     |     |     |     | OCC-OTC              |                               |
| *Well Name No. <b>Garret 2 #4B</b> |     |     |     |     | County <b>Nowata</b> |                               |
| *Location                          | 1/4 | 1/4 | 1/4 | 1/4 | Sec <b>1</b>         | Twp <b>26N</b> Rge <b>14E</b> |

| Cement Casing Data   | Conductor Casing | Surface Casing | Alternative Casing | Intermediate Casing | Production String | Liner |
|--|------------------|----------------|--------------------|---------------------|-------------------|-------|
| Cementing Date   |                  |                |                    |                     | <b>1-27-17</b>    |       |
| *Size of Drill Bit (Inches)                                |                  |                |                    |                     | <b>6 1/4"</b>     |       |
| *Estimated % wash or hole enlargement used in calculations |                  |                |                    |                     | <b>30%</b>        |       |
| *Size of Casing (Inches O.D.)                              |                  |                |                    |                     | <b>4 1/2"</b>     |       |
| *Top of Liner (if liner used) (ft.)                        |                  |                |                    |                     |                   |       |
| *Setting Depth of Casing (ft.) from ground level           |                  |                |                    |                     | <b>1,231'</b>     |       |
| Type of Cement (API Class)                                 |                  |                |                    |                     | <b>A</b>          |       |
| In first (lead) or only slurry                             |                  |                |                    |                     |                   |       |
| In second slurry   |                  |                |                    |                     |                   |       |
| In third slurry  |                  |                |                    |                     |                   |       |
| Sacks of Cement Used                                       |                  |                |                    |                     | <b>955Ks</b>      |       |
| In first (lead) or only slurry                             |                  |                |                    |                     |                   |       |
| In second slurry   |                  |                |                    |                     |                   |       |
| In third slurry  |                  |                |                    |                     |                   |       |
| Vol of slurry pumped (Cu ft) (14X15)                       |                  |                |                    |                     | <b>160 cu ft</b>  |       |
| In first (lead) or only slurry                             |                  |                |                    |                     |                   |       |
| In second slurry   |                  |                |                    |                     |                   |       |
| In third slurry  |                  |                |                    |                     |                   |       |
| Calculated Annular Height of Cement behind pipe (ft)       |                  |                |                    |                     | <b>Surface</b>    |       |
| Cement left in pipe (ft)                                   |                  |                |                    |                     | <b>0'</b>         |       |

\*Amount of Surface Casing Required (from Form 1000) \_\_\_\_\_ ft.

|  |  |
|--|--|
| *Was cement circulated to Ground Surface? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>      | *Was Cement Staging Tool (DV Tool) used? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> |
| *Was Cement Bond Log run? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> (If so, Attach Copy)</span> | *If Yes, at what depth? _____ ft   |

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

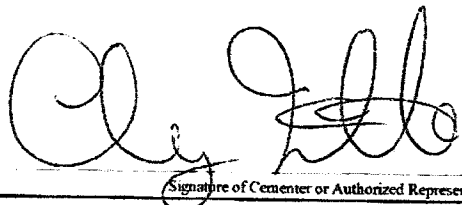
\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks

\*Remarks

## CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.



Signature of Cementer or Authorized Representative

## OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.



Signature of Operator or Authorized Representative

|                                    |                                   |     |       |
|------------------------------------|-----------------------------------|-----|-------|
| Name & Title<br>(Printed or Typed) | Cheryl Williams, District Manager |     |       |
| Cementing<br>Company               | Q.E.S. Pressure Pumping           |     |       |
| Address                            | P.O. Box 967                      |     |       |
| City                               | Cushing                           |     |       |
| State                              | Oklahoma                          | Zip | 74023 |
| Telephone<br>(AC) Number           | 918-225-3040                      |     |       |
| Date                               | 7-3-17                            |     |       |

|                                    |                       |      |       |
|------------------------------------|-----------------------|------|-------|
| Name & Title<br>(Printed or Typed) | T. Maddux, Office Mgr |      |       |
| *Operator                          | Rocky Top Energy LLC  |      |       |
| *Address                           | P.O. Box 902          |      |       |
| *City                              | Nowata                |      |       |
| *State                             | OK                    | *Zip | 74048 |
| Telephone<br>(AC) Number           | 918-519-7023          |      |       |
| *Date                              | 8/15/17               |      |       |

## INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, with the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed with the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4.
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4.