

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.: 35037293700001

Completion Report

Spud Date: March 28, 2017

OTC Prod. Unit No.:

Drilling Finished Date: April 04, 2017

1st Prod Date: September 01, 2017

Completion Date: November 29, 2019

Drill Type: STRAIGHT HOLE

Well Name: JOSEPH KENNEDY 5

Purchaser/Measurer: NONE

Location: CREEK 2 17N 7E
C SW SW SE
330 FSL 330 FWL of 1/4 SEC
Derrick Elevation: 0 Ground Elevation: 930

First Sales Date:

Operator: BAUGH ALLAN L 14665

12589 S 486TH WEST AVE
DRUMRIGHT, OK 74030-5914

Completion Type		Location Exception		Increased Density	
	Single Zone	Order No		Order No	
	Multiple Zone	There are no Location Exception records to display.		There are no Increased Density records to display.	
X	Commingled				

Casing and Cement								
Type		Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE		8 5/8	24	J-55	820	450	425	SURFACE
PRODUCTION		5 1/2		J-55	3080		175	1675

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

Total Depth: 3075

Packer		Plug	
Depth	Brand & Type	Depth	Plug Type
There are no Packer records to display.		2875	CIBP

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, 2017	ARBUCKLE					480	SWABBIN			
Jun 01, 2017	BARTLESVILLE	4	41			150	PUMPING			
Nov 01, 2019	RED FORK LOW	3	38			25	PUMPING			

Completion and Test Data by Producing Formation

Formation Name: ARBUCKLE

Code: 169ABCK

Class: DRY

Spacing Orders

Order No	Unit Size
NONE	

Perforated Intervals

From	To
3015	3031

Acid Volumes

There are no Acid Volume records to display.

Fracture Treatments

There are no Fracture Treatments records to display.

Formation Name: BARTLESVILLE

Code: 404BRVL

Class: OIL

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
2626	2680

Acid Volumes

1,050 GALLONS

Fracture Treatments

NONE

Formation Name: RED FORK LOW

Code: 404RDFKL

Class: OIL

Spacing Orders

Order No	Unit Size
There are no Spacing Order records to display.	

Perforated Intervals

From	To
2571	2577

Acid Volumes

3,006 10%

Fracture Treatments

5,000 POUNDS 12/20, 3,500 GALLONS 30 POUNDS GELLED SW

Formation	Top
HOGSHOOTER LIME	1353
UPPER LAYTON SAND	1400
JONES SAND	1680
OSWEGO LIME	2168
SKINNER SAND	2390
PINK LIME	2500
LOWER RED FORK	2580
BARTLESVILLE SAND	2624
TUCKER SAND	2788

Were open hole logs run? Yes

Date last log run: April 03, 2017

Were unusual drilling circumstances encountered? No

Explanation:

WILCOX SAND	2798
ARBUCKLE DOLOMITE	2918
ARBUCKLE LIME	3075

Other Remarks
OCC - COMMINGLE APPROVED WILL BE IMAGED LATER.

FOR COMMISSION USE ONLY	
Status: Accepted	1144793

RECEIVED

Form 1002A
Rev. 2009

MAR 03 2020

API NO. **037-29370**
OTC PROD. UNIT NO.

(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

☒ 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	CREEK	SEC	2	TWP	17N	RGE	7E
LEASE NAME	JOSEPH KENNEDY			WELL NO.	5		
C 1/4 SW 1/4 SW 1/4 SE 1/4	FSL OF 1/4 SEC 330			FWL OF 1/4 SEC	330		
ELEVATION	Ground 930			Latitude (if known)	35°58'28"N		
Derrick FL	Ground			Longitude (if known)	96°32'16.4"W		
OPERATOR NAME	ALLAN L. BAUGH			OTC / OCC OPERATOR NO.	14665		
ADDRESS	12589 S. 486th West Ave						
CITY	DRAUGHT			STATE	OK		ZIP
					74030		

OKLAHOMA CORPORATION COMMISSION

LOCATE WELL									

COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE	
<input type="checkbox"/> MULTIPLE ZONE	
<input type="checkbox"/> Application Date	
<input checked="" type="checkbox"/> COMMINGLED	
<input type="checkbox"/> Application Date	
<input type="checkbox"/> LOCATION EXCEPTION	
<input type="checkbox"/> ORDER NO.	
<input type="checkbox"/> INCREASED DENSITY	
<input type="checkbox"/> ORDER NO.	

CASING & CEMENT (Attach Form 1002C)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR							
SURFACE	8-5/8"	24#	J-55	820'	450	425	SURFACE
INTERMEDIATE							
PRODUCTION	5-1/2"		J-55	3080'		175	1675'
LINER							

PACKER @ _____ BRAND & TYPE _____ PLUG @ **2875** TYPE **CJAP** PLUG @ _____ TYPE _____
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

TOTAL DEPTH **3075'**

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	ARBuckle	Bartlesville	Red Fork		
SPACING & SPACING	none	none	none		
ORDER NUMBER	none	none	none		
CLASS: Oil, Gas, Dry, Inj.	DRY	Oil	Oil		
Disp, Comm Disp, Svc					
PERFORATED INTERVALS	3015-3016' 5 shots	2626-2652' 45PF	2571-2571'		
	3030-3031' 5 shots	2674-2680' 25PF	4spf		
ACID/VOLUME		1050 GAL.	3006. 10%		
FRACTURE TREATMENT (Fluids/Prop Amounts)		none	5,000* 12h20		
			3,500 GAL		
			30# gelled SW		

Reported to FracFocus

☐ Min Gas Allowable (165:10-17-7)
OR
☐ Oil Allowable (165:10-13-3)

Gas Purchaser/Measurer
First Sales Date

none

INITIAL TEST DATA

INITIAL TEST DATE	MAY, 2017	JUNE 2017	NOV, 2019		
OIL-BBL/DAY	0	4	3		
OIL-GRAVITY (API)		41	38		
GAS-MCF/DAY		TSTM	TSTM		
GAS-OIL RATIO CU FT/BBL		-			
WATER-BBL/DAY	480	150	25		
PUMPING OR FLOWING	Swabbing	pumping	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.

SIGNATURE ALLAN L. BAUGH NAME (PRINT OR TYPE) ALLAN L. BAUGH DATE 2-27-2020 PHONE NUMBER 918-625-1772
ADDRESS 12589 S. 486th West Ave CITY DRAUGHT STATE OK ZIP 74030 EMAIL ADDRESS Ritabaugh@yahoo.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

J. KENNEDY

WELL NO.

5

NAMES OF FORMATIONS	TOP
HOGSHOOTER LIME	1,353
UPPER LAYTON SAND	1,400
JONES SAND	1,680
OSWEGO LIME	2,168
SKINNER SAND	2,390
PINK LIME	2,500
LOWER RED FORK	2,580
BARTLESVILLE SAND	2,624
TUCKER SAND	2,788
WILCOX SAND	2,798
ARBuckle DOLOMITE	2,918
ARBuckle LIME	3,075

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 APRIL 3, 2017

Was CO₂ encountered? ☐ yes ☒ no at what depths? _____

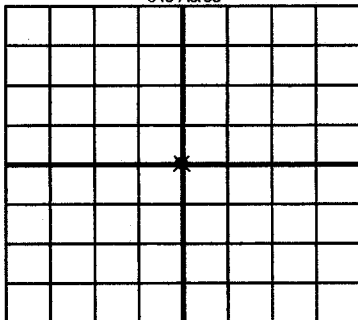
Was H₂S encountered? ☐ yes ☒ no at what depths? _____

Were unusual drilling circumstances encountered? ☐ yes ☒ no

If yes, briefly explain below _____

Other remarks:

640 Acres

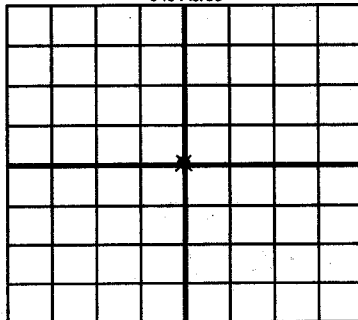


If more than three drainholes are proposed, attach a separate sheet indicating the necessary information.

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.

640 Acres



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY
Spot Location		Feet From 1/4 Sec Lines	
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		Feet From 1/4 Sec Lines	
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	
		Direction	
Measured Total Depth		True Vertical Depth	
		BHL From Lease, Unit, or Property Line:	

LATERAL #2

SEC	TWP	RGE	COUNTY
Spot Location		Feet From 1/4 Sec Lines	
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	
		Direction	
Measured Total Depth		True Vertical Depth	
		BHL From Lease, Unit, or Property Line:	

LATERAL #3

SEC	TWP	RGE	COUNTY
Spot Location		Feet From 1/4 Sec Lines	
1/4	1/4	1/4	1/4
Depth of Deviation		Radius of Turn	
		Direction	
Measured Total Depth		True Vertical Depth	
		BHL From Lease, Unit, or Property Line:	

API No.
037 29370

OTC/OCC Operator No.
14665

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
(Rev. 2001)

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

All operators must include this form when submitting 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(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name Cushing	OCC District
*Operator Erik Oil LLC	OCC/OTC Operator No 14665
*Well Name/No. Joseph Kennedy #5	County CREEK
*Location C 1/4 SW 1/4 SW 1/4 SE 1/4	Sec 2
	Twp 17N
	Rge 7E

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		3/28/2017				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations		85%				
*Size of Casing (inches O.D.)		8 5/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		820				
Type of Cement (API Class)		A				
In first (lead) or only slurry		A				
In second slurry		A				
In third slurry						
Sacks of Cement Used		175				
In first (lead) or only slurry		250				
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14X15.) in first (lead) or only slurry		269				
In second slurry		295				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		Surface				
Cement left in pipe (ft)		35				

*Amount of Surface Casing Required (from Form 1000) **800** ft.

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? <input type="checkbox"/> ft

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

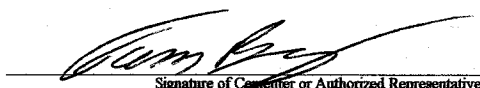
* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks

*Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this 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 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 Printed or Typed		Tom Bray	
Cementing Company		Oil well Cementing&Redi-Mix	
Address		P O Box 271435	
City		Oklahoma City	
State	Oklahoma	Zip	73438
Telephone (AC) Number		918-225-1633	
Date		3/28/17	

*Name & Title Printed or Typed		Allan L. Bayh	
*Operator		Allan Bayh	
*Address		12589 S. 486th West Ave.	
*City		Drumright	
*State	OK	*Zip	74030
*Telephone (AC) Number		918-625-1712	
*Date		2-27-2020	

INSTRUCTIONS

- This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
 - An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
 - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- 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(h).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**