

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.: 35063226570001

Completion Report

Spud Date: October 31, 1987

OTC Prod. Unit No.:

Drilling Finished Date: November 06, 1987

Amended

1st Prod Date: November 14, 1987

Amend Reason: CONVERT FROM INJECTION TO DRYHOLE

Completion Date: November 14, 1987

Recomplete Date: October 31, 2018

Drill Type: STRAIGHT HOLE

Well Name: WARREN 6

Purchaser/Measurer:

Location: HUGHES 36 8N 8E
C SE SE SE
330 FSL 2310 FWL of 1/4 SEC
Derrick Elevation: 820 Ground Elevation: 810

First Sales Date:

Operator: ATCHLEY RESOURCES INC 20266

13903 QUAIL POINTE DR
OKLAHOMA CITY, OK 73134-1002

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	8 5/8	24	K	563	500	300	SURFACE
PRODUCTION	5 1/2	15.5	K	2880	2000	285	1365

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

Total Depth: 2890

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
There are no Initial Data records to display.										

Completion and Test Data by Producing Formation			
Formation Name: BOOCH		Code: 404BOCH	Class: DRY
Spacing Orders		Perforated Intervals	
Order No	Unit Size	From	To
There are no Spacing Order records to display.		2776	2802
Acid Volumes		Fracture Treatments	
1,000 GALLONS		22,800 GALLONS	

Formation	Top
CALVIN SAND	716
HENRIETTA COAL	1308
SENORA LIME	1438
THURMAN SAND	1752
RED FORK SAND	1990
BARTLESVILLE SAND	2250
BOOCH (BOK) SAND	2772

Were open hole logs run? Yes
Date last log run: November 05, 1987

Were unusual drilling circumstances encountered? No
Explanation:

Other Remarks
OCC - OPERATOR SHOWED NO NEW INITIAL AND FAILED TO FILE A FORM 1000 FOR RECOMPLETION. THE CLASSIFICATION WILL REMAIN DRY TILL THIS HAPPENS.

FOR COMMISSION USE ONLY	
Status: Accepted	1145243

API
NO. 063-22657
OTC PROD.
UNIT NO. 12130-0

(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

Form 1002A
Rev. 2009

☐ ORIGINAL
☒ AMENDED (Reason)

convert from log to ~~prod~~

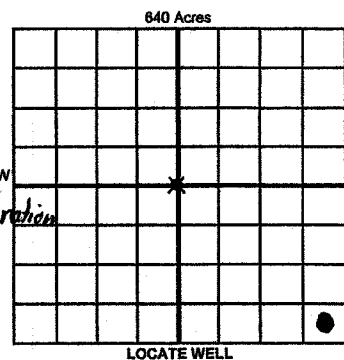
COMPLETION REPORT

TYPE OF DRILLING OPERATION

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

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

COUNTY	Hughes	SEC	36	TWP	8N	RGE	8E
LEASE NAME	Warren	WELL NO.	6	DATE OF WELL COMPLETION	11/14/87	1st PROD DATE	11/14/87
1/4 SE 1/4 SE 1/4 SE 1/4	FSL OF 1/4 SEC	330	FWL OF 1/4 SEC	2310	RECOMP DATE	10/31/2010	Potential termination
ELEVATION Derrick FL	820	Ground	810	Latitude (if known)		Longitude (if known)	
OPERATOR NAME	Atchley Resources Inc			OTC/OCC OPERATOR NO.	20266		
ADDRESS	13903 Quail Pointe Dr						
CITY	Oklahoma City	STATE	OK	ZIP	73134		



COMPLETION TYPE

<input checked="" type="checkbox"/> SINGLE ZONE	Booch
<input type="checkbox"/> MULTIPLE ZONE	
<input type="checkbox"/> COMMINGLED	
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	8 5/8	24	K	563	500	300	Surf.
INTERMEDIATE							
PRODUCTION	5 1/2	15.5	K	2880	2000	285	1365
LINER							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____ TOTAL DEPTH 2890
PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Booch	404 BOCH				No New Frac
SPACING & SPACING ORDER NUMBER						
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	dry Dry	no production shown, no permit to return to production				
PERFORATED INTERVALS	2776-2802					
ACID/VOLUME	1000 gal					
FRACTURE TREATMENT (Fluids/Prop Amounts)	Yes					
	22800 gal					

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

INITIAL TEST DATA

INITIAL TEST DATE	12-9-87				
OIL-BBL/DAY	4				
OIL-GRAVITY (API)	30.6				
GAS-MCF/DAY	11.5				
GAS-OIL RATIO CU FT/BBL	117.5				
WATER-BBL/DAY	9				
PUMPING OR FLOWING	120				
INITIAL SHUT-IN PRESSURE	1				
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.

Kim A. Lockwood SIGNATURE *Kim A. Lockwood* NAME (PRINT OR TYPE) 5/20/20 DATE 405 848 3331 PHONE NUMBER
13903 Quail Pointe Dr ADDRESS OKC CITY OK STATE 73134 ZIP kim@atchleyres.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 Warren

WELL NO. 6

NAMES OF FORMATIONS	TOP
Calvin Sd	716
Henryetta Coal	1308
Senora Lime	1438
Thurman Sand	1752
Red Fork Sand	1990
Bartlesville Sand	2250
Booch (BOK) Sand	2772

FOR COMMISSION USE ONLY

ITD on file ☐ YES ☐ NO

APPROVED _____ DISAPPROVED _____

2) Reject Codes

Were open hole logs run? X yes ☐ no

Date Last log was run 11-5-87

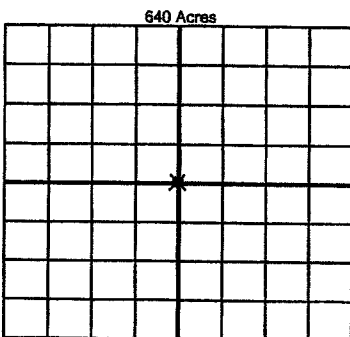
Was CO₂ encountered? ☐ yes X no at what depths? _____

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

Were unusual drilling circumstances encountered? ☐ yes X no

If yes, briefly explain below _____

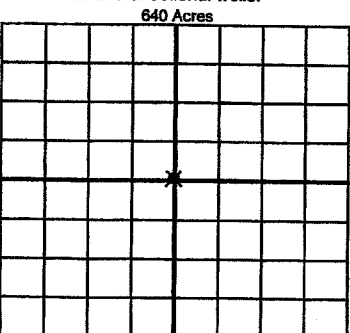
Other remarks:



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	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	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	BHL From Lease, Unit, or Property Line:

OKLAHOMA CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION
UNDERGROUND INJECTION CONTROL DEPARTMENT
POST OFFICE BOX 52000
OKLAHOMA CITY, OKLAHOMA 73152-2000

Form 1072
Rev. 2012

Notice of Termination OAC 165:10-5-7a

OPERATOR

Name Atchley Resources, Inc			Operator No. 20266
Address 13903 Quail Pointe Dr.			Phone 405-848-3331
City Okla. City	State OK	Zip Code 73134	Fax 405-848-3303
E-mail Address kim@atchleyres.com			

Well Name/No. Warren 6		API No. 35 063 22 657	
Location 1/4 SE 1/4 SE 1/4 SE 1/4	Sec. 36	Twp. 8N	Rge. County 8E Hughes

Well Classification:

☐ Disposal Well
 ☒ Enhanced Recovery Injection Well
 ☐ Enhanced Recovery Project

Order/Permit Authorizing Injection 1902830014	Date Issued 10/31/2018	Injection Zone Booch
---	----------------------------------	--------------------------------

***Enter the Injection/Disposal volumes and maximum monthly pressures prior to termination date in the appropriate boxes below.

Did not inject:

	Rate	Pressure		Rate	Pressure
January	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	July	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
February	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	August	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
March	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	September	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
April	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	October	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
May	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	November	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
June	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	December	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Note: Filing of this form terminates the order in the above space permanently and its authority to inject/dispose as a UIC well.

Verification of Information

I declare that I have knowledge of the contents of this form and am authorized by my organization to complete this form, which was prepared by me or under my supervision and direction with the data and facts stated herein to be true, correct and absolute to the best of my knowledge and belief.

Signature of Authorized Agent	5/20/2020 Date	Kim A. Lockwood Operations Manager Print or Type Name & Title
-------------------------------	--------------------------	---