API No	
OTC Prod. Unit No.	

Oil and Gas Conservation Division
PO Box 171
Oklahoma City, Oklahoma 73101
405-521-2331
OG1002A@occ.ok.gov

OKLAHOMA Corporation Commission

Form 1002A

☐ **ORIGINAL**
☐ **AMENDED (reason)**

Rule 165:10-3-1
Completion Report

TYPE OF DRILLING OPERATION
If directional or horizontal see page 3 for bottom hole location.

STRAIGHT HOLE ☐		**HORIZONTAL HOLE** ☐		SPUD DATE
DIRECTIONAL HOLE ☐		**SERVICE WELL** ☐		DRLG FINISHED DATE
COUNTY	SEC	TWN	RGE IM ○ ECM ○	DATE OF WELL COMPLETION
LEASE NAME			WELL NO	1st PROD DATE
¼ ¼ ¼ ¼		FNL ○ FSL ○	FEL ○ FWL ○	RECOMP DATE
ELEVATION Derrick FL	ELEVATION Ground	LATITUDE		LONGITUDE
OPERATOR NAME			OTC/OCC OPERATOR NO.	
ADDRESS				
CITY			STATE	ZIP

COMPLETION TYPE

☐	SINGLE ZONE	
☐	MULTIPLE ZONE Application Date	
☐	COMINGLED Application Date	
LOCATION EXCEPTION ORDER NO.		
MULTI UNIT ORDER NO.		
INCREASED DENSITY		

CASING & CEMENT (email 1002C to OG1002C@occ.ok.gov)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI *	SAX	TOP OF CMT
CONDUCTOR							
SURFACE							
INTERMEDIATE							
PRODUCTION							
LINER							

*** Casing Test Pressure**

PACKER@ ____ BRAND & TYPE ____ PLUG@ ____ TYPE ____ PLUG@ ____ TYPE ____ **TOTAL** ____

PACKER@ ____ BRAND & TYPE ____ PLUG@ ____ TYPE ____ PLUG@ ____ TYPE ____ **DEPTH** ____

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION						
SPACING # AND SPACING ORDER #						
CLASS, OIL, GAS, DRY, INJ, DISP. COMM. DISP. SVC						
PERFORATED INTERVALS						
ACID/ VOLUME						
FRACTURE TREATMENT (Fluids in bbls / Prop Amounts)						

RECYCLED WATER USED TO COMPLETE THE WELL AS A PERCENTAGE OF THE TOTAL WATER USED (If not used enter NA)						
DATE OF FRAC						
SOURCE OF RECYCLED WATER						

OCC USE ONLY QUALIFIES FOR GROSS PRODUCTION TAX	YES	NO

Rule (165:10-21-107)

INITIAL TEST DATA

INITIAL TEST DATE						
OIL BBL DAY						
OIL-GRAVITY (API)						
GAS-MCF/DAY						
GAS-OIL RATIO CU FT/BBL						
WATER-BBL/DAY						
PUMPING OR FLOWING						
INITIAL SHUT IN PRESSURE						
CHOKE SIZE						
FLOW TUBING PRESSURE						

MIN GAS ALLOWABLE (165:10-17-7) OR OIL ALLOWANCE (165:10-13-3) ☐

PURCHASER / MEASURER

FIRST SALES DATE

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.

NAMES OF FORMATIONS	TOP

Were open hole logs run? YES ☐ NO ☐

Date **Last** log was run?

Was CO_2 encountered? YES ☐ NO ☐ At what depth?

Was H_2S encountered? YES ☐ NO ☐ At what depth?

Were unusual drilling circumstances encountered?
If yes, briefly explain below.

Other Remarks:

640 Acres

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.

BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY	
1/4	1/4	1/4	1/4	Feet From Section Line N / E
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit, or Property Line:		

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

SEC	TWP	RGE	COUNTY	
1/4	1/4	1/4	1/4	Feet From Section Line N / E
Depth of Deviation		Direction	Total Length	
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit, or Property Line:		

SEC	TWP	RGE	COUNTY	
1/4	1/4	1/4	1/4	Feet From Section Line N / E
Depth of Deviation		Direction	Total Length	
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit, or Property Line:		

SEC	TWP	RGE	COUNTY	
1/4	1/4	1/4	1/4	Feet From Section Line N / E
Depth of Deviation		Direction	Total Length	
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit, or Property Line:		

A record of the formations drilled through, and pertinent remarks are presented above. 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 ______ Name (Typed) ______ Date ______ Phone Number ______

Address ______ City ______ State ______ Zip ______

Email address