

API NO.
OTC PROD. UNIT NO.

PLEASE TYPE OR USE BLACK INK ONLY
NOTE:

Attach copy of original 1002A if recompletion or reentry.

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
Rule 165:10-3-25

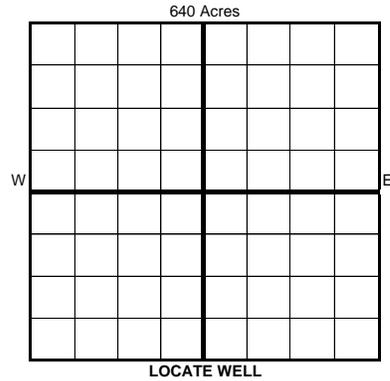
Form 1002A
Rev. 2009

ORIGINAL
 AMENDED (Reason) _____

COMPLETION REPORT

TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

SPUD DATE
DRG FINISHED DATE
DATE OF WELL COMPLETION
1st PROD DATE
RECOMP DATE
Longitude (if known)
OPERATOR NAME
OTC/OCC OPERATOR NO.
ADDRESS
CITY
STATE
ZIP



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

COUNTY	SEC	TWP	RGE
LEASE NAME	WELL NO.		1st PROD DATE
1/4 1/4 1/4 1/4	FSL OF 1/4 SEC	FWL OF 1/4 SEC	RECOMP DATE
ELEVATIO N Derrick	Ground	Latitude (if known)	Longitude (if known)
OPERATOR NAME	OTC/OCC OPERATOR NO.		
ADDRESS			
CITY	STATE	ZIP	

COMPLETION TYPE

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

CASING & CEMENT (Form 1002C must be attached)

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

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

COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION							
SPACING & SPACING ORDER NUMBER							
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc							
PERFORATED INTERVALS							
ACID/VOLUME							
FRACTURE TREATMENT (Fluids/Prop Amounts)							

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

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							

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	NAME (PRINT OR TYPE)	DATE	PHONE NUMBER
ADDRESS	CITY	STATE	ZIP
			EMAIL ADDRESS

