

API NO.  
OTC PROD. UNIT NO.

PLEASE TYPE OR USE BLACK INK ONLY

NOTE:  
Attach copy of original 1002A if recompletion or reentry.

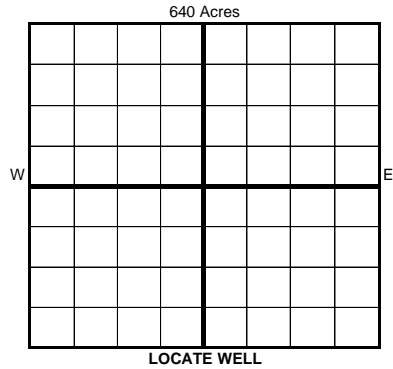
OKLAHOMA CORPORATION COMMISSION  
Oil & Gas Conservation Division  
Post Office Box 52000  
Oklahoma City, Oklahoma 73152-2000  
Rule 165:10-3-25

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.

SPUD DATE  
DRLG FINISHED DATE  
DATE OF WELL COMPLETION  
1st PROD DATE  
RECOMP DATE  
Longitude (if known)



COUNTY SEC TWP RGE  
LEASE NAME  
1/4 1/4 1/4 1/4 FSL OF 1/4 SEC FWL OF 1/4 SEC  
ELEVATION Derrick FL Ground Latitude (if known) Longitude (if known)  
OPERATOR NAME OTC/OCC OPERATOR NO.  
ADDRESS  
CITY STATE ZIP

COMPLETION TYPE  
 SINGLE ZONE  
 MULTIPLE ZONE Application Date  
 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 \_\_\_\_\_  
PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

TOTAL DEPTH

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

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 \_\_\_\_\_

