

API NO.
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

Form 1002A
 Rev. 2009

ORIGINAL
 AMENDED (Reason) _____

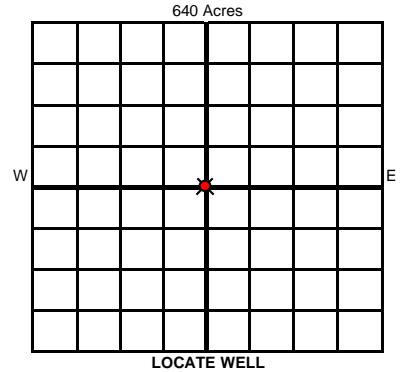
COMPLETION REPORT

TYPE OF DRILLING OPERATION

STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

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

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



COMPLETION TYPE

<input type="checkbox"/> SINGLE ZONE
<input type="checkbox"/> MULTIPLE ZONE Application Date
<input type="checkbox"/> COMMINGLED Application Date
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							
INTERMEDIATE							
PRODUCTION							
LINER							
						TOTAL DEPTH	

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
 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) 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 _____	

