

(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

API NO.
OTC PROD. UNIT NO.

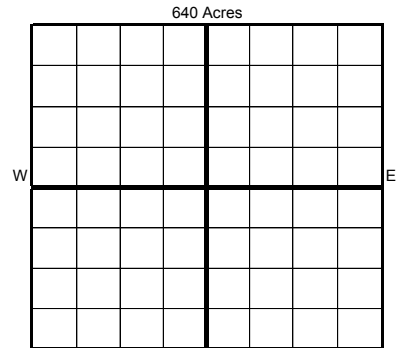
ORIGINAL
 AMENDED (Reason) _____

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	WELL NO.	SPUD DATE	
LEASE NAME				DATE OF WELL COMPLETION	DRLG FINISHED DATE	
1/4	1/4	1/4	1/4	FSL OF 1/4 SEC	FWL OF 1/4 SEC	1st PROD DATE
ELEVATION Derrick FL		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 _____
<input type="checkbox"/> LOCATION EXCEPTION ORDER NO. _____
<input type="checkbox"/> 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) 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 _____

