

API NO.
129-22145

OTC PROD UNIT NO
129-103346

Rule 165.10-3-25

ORIGINAL
 AMENDED
 Reason Amended _____

COMPLETION REPORT
OKLAHOMA CORPORATION COMMISSION
OIL AND GAS CONSERVATION DIVISION
 Post Office Box 52000-2000
 Oklahoma City, Oklahoma 73152-2000

809161008



PLEASE TYPE OR USE BLACK INK ONLY

NOTE: Attach copy of original 1002A if recompletion or reentry
 TYPE OF DRILLING OPERATION:

STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE

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

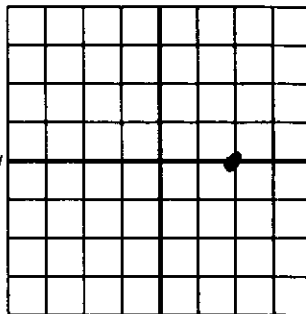
COUNTY: **Roger Mills** SEC **9** TWP **13N** RGE **25W**

LEASE NAME: **Sides** WELL NO: **3-9**

SHL: **CEN 1/4 E2 1/4 1/4 1/4 2640** FSL **1380** FWL OF 1/4 SEC

ELEVATION: Derrick FI _____ Ground **2364'** SPUD DATE **5-26-98**

DRLG FINISHED **7-6-98** WELL COMPLETION **7-28-98**



LOCATE WELL

1ST PROD DATE **N/A** RECOMP DATE _____

OPERATOR NAME _____ OTC/OCC OPER NO **11187-0**

ADDRESS **P.O. Box 51810**

CITY **Midland** STATE **TX** ZIP **79710-1810**

COMPLETION TYPE		OIL OR GAS ZONES		
		FORMATIONS	TOP	BOTTOM
<input checked="" type="checkbox"/>	SINGLE ZONE	Upper Morrow	15431	15442
<input type="checkbox"/>	MULTIPLE ZONE ORDER NO.			
<input type="checkbox"/>	COMMINGLED ORDER NO.			
<input type="checkbox"/>	LOCATION EXCEPTION ORDER NO.			
<input type="checkbox"/>	INCREASED DENSITY ORDER NO. 421518			
<input type="checkbox"/>	PENALTY			

CASING & CEMENT (Form 1002c must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor	13 3/8"	48#	H40	303'		245		Surface
Surface	9 5/8"	40#	N80 & NSS55	6764'	1100	574		Surface
Intermediate		36#	J55					
Production	4 1/2"	15.10	P110	15845'	10,000	1680		12,700'
Liner								

Packer @ **15.350'** Brand & Type **Guiberson 'GT' Magnum** TOTAL DEPTH **15,845'**

Plug @ _____ Type _____

FOR MRRWU COMPLETION & TEST DATA BY PRODUCING FORMATION

FORMATION	Upper Morrow		
SPACING & SPACING ORDER NUMBER	640, 130940/150474		
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp	Gas		
PERFORATED INTERVALS	15431' - 15442'		
ACID/VOLUME	25000 gals Viking		
Fracture Treated?	2% KCL w/ 72000#		
Fluids Amounts	20/40 Bauxite		

INITIAL TEST DATA

INITIAL TEST DATE	Well is now		
OIL-BBL/DAY	under evaluation		
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.

Deborah Magness **Deborah Magness**
 SIGNATURE NAME (PRINT OR TYPE)

P. O. Box 51810 **Midland** **TX** **79710-1810**
 ADDRESS CITY STATE ZIP

9-14-98 **915/688-9012**
 DATE PHONE NUMBER

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

LEASE NAME Sides

WELL NO. 3-9

Give formation names and tops, if available, or descriptions and thickness of formations drilled through. Show intervals cored or drillstem tested.

NAME OF FORMATIONS	TOP	BOTTOM
Douglas	8553	
Tonkawa	9407	
Cottage Grove	10162	
Marchand	10704	
Cleveland	10945	
Deese	11807	
Granite Wash	11956	
Cherokee	12574	
Red Fork	13282	
Atoka	13897	
13 Finger	14965	
Puryear	15430	

FOR COMMISSION USE ONLY

APPROVED SMH DISAPPROVED _____

1) ITD section
 a) No intent to Drill on file
 1) Send warning letter _____
 2) Recommend for contempt _____

WJD ✓ 2) Reject Codes 32, 45

Was an electrical survey run? Yes No

Date last log was run 7-3-98

Was CO2 encountered? Yes No at what depths?

Was H2S encountered? Yes No at what depths?

Were unusual drilling circumstances encountered? Yes No
 If yes, briefly explain:

Other remarks:

640 Acres

If more than two 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 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
Spot Location 1/4 1/4 1/4			Feet From Quarter Section Lines FSL FWL
Measured Total Depth	True Vertical Depth	BHL From Lease, Unit or Property Line:	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (DRAINHOLES)

DRAINHOLE #1	SEC	TWP	RGE	COUNTY
Spot Location 1/4 1/4 1/4				Feet From Quarter Section Lines FSL FWL
Depth of Deviation	Radius of Turn		Direction	Total Length
Measured Total Depth	True Vertical Depth	End Pt Location From Lease, Unit or Property Line:		
DRAINHOLE #2	SEC	TWP	RGE	COUNTY
Spot Location 1/4 1/4 1/4				Feet From Quarter Section Lines FSL FWL
Depth of Deviation	Radius of Turn		Direction	Total Length
Measured Total Depth	True Vertical Depth	End Pt Location From Lease, Unit or Property Line:		