

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

Form 1002A

API No.: 35085210690002

Completion Report

Spud Date: December 15, 2018

OTC Prod. Unit No.:

Drilling Finished Date: December 29, 2018

Amended

1st Prod Date: April 02, 2019

Amend Reason: SIDETRACK

Completion Date: February 13, 2019

Drill Type: DIRECTIONAL HOLE

Well Name: EHU-RENICK 1-14

Purchaser/Measurer:

Location: LOVE 14 6S 1W
 NE NE SE NE
 1155 FSL 2410 FWL of 1/4 SEC
 Derrick Elevation: 0 Ground Elevation: 742

First Sales Date:

Operator: E2 OPERATING LLC 23901

1560 E 21ST ST STE 215
 TULSA, OK 74114-1345

Completion Type	
X	Single Zone
	Multiple Zone
	Commingled

Location Exception	
Order No	
There are no Location Exception records to display.	

Increased Density	
Order No	
There are no Increased Density records to display.	

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	8 5/8			1087		130	SURFACE
PRODUCTION	5 1/2			8968		350	5393

Liner								
Type	Size	Weight	Grade	Length	PSI	SAX	Top Depth	Bottom Depth
There are no Liner records to display.								

Total Depth: 9000

Packer	
Depth	Brand & Type
There are no Packer records to display.	

Plug	
Depth	Plug Type
8037	50 SACKS CEMENT IN 5 1/2
6670	50 SACKS CEMENT IN 5 1/2
3209	150 SACKS OPEN HOLE

Initial Test Data

Test Date	Formation	Oil BBL/Day	Oil-Gravity (API)	Gas MCF/Day	Gas-Oil Ratio Cu FT/BBL	Water BBL/Day	Pumpin or Flowing	Initial Shut-In Pressure	Choke Size	Flow Tubing Pressure
Apr 02, 2019	DEESE	15				104	PUMPING			

Completion and Test Data by Producing Formation

Formation Name: DEESE

Code: 404DEESS

Class: OIL

Spacing Orders

Order No	Unit Size
532907	UNIT

Perforated Intervals

From	To
8651	8701

Acid Volumes

2,000 GALLONS 7.5% HCL

Fracture Treatments

X-LINK GEL FRAC, 1,462 BARRELS, 50,000 POUNDS
20/40 WHITE SAND

Formation	Top
DEESE	8250

Were open hole logs run? Yes

Date last log run: January 23, 2019

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks

OCC - OPERATOR SIDETRACKED WELL AT 1,170' RIGHT OUT FROM UNDERNEATH SURFACE CASING.

Bottom Holes

Sec: 13 TWP: 6S RGE: 1W County: LOVE

SE SW SW NW

190 FSL 362 FWL of 1/4 SEC

Depth of Deviation: 0 Radius of Turn: 0 Direction: 0 Total Length: 0

Measured Total Depth: 9000 True Vertical Depth: 8800 End Pt. Location From Release, Unit or Property Line: 1284

FOR COMMISSION USE ONLY

1143948

Status: Accepted

API NO. **085-21069A**
 OTC PROD.
 UNIT NO.

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

RECEIVED

Form 1002A
 Rev. 2009

OCT 15 2019

OKLAHOMA CORPORATION COMMISSION

COMPLETION REPORT

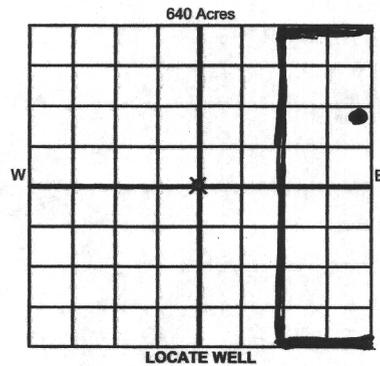
ORIGINAL
 AMENDED (Reason) Sidetrack

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

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

COUNTY LOVE SEC 14 TWP 6S RGE 1W
 NAME EMERSON-RENICK WELL NO. 1-14
 NE 1/4 NE 1/4 SE 1/4 NE 1/4 FSL OF 1/4 SEC 1155 FWL OF 1/4 SEC 2410
 ELEVATION Ground 742 Latitude (if known) Longitude (if known)
 OPERATOR NAME E Z OPERATING LLC OTC / OCC OPERATOR NO. 23901
 ADDRESS 1560 E 21ST ST STE 215
 CITY TULSA STATE OK ZIP 74114

SPUD DATE 12-15-18
 DRLG FINISHED DATE 12-29-18
 DATE OF WELL COMPLETION 2-13-19
 1st PROD DATE 4-2-19
 RECOMP DATE



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

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR	<u>Set Kickoff plug w/ 122 packs</u>						
SURFACE	<u>of class H₂O cement @ 130' in 8 5/8" hole</u>						
INTERMEDIATE	<u>DW 4 1/2 drill pipe</u>						
PRODUCTION	<u>5.5</u>			<u>8968</u>		<u>350</u>	
LINER							

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____ TOTAL DEPTH 9000
 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)
<u>DEESE (TUSSY)</u>	<u>532907 (unit)</u>	<u>OIL</u>	<u>8651-8668 4 holes per ft</u> <u>8672-76 "</u> <u>8698-8701 "</u>	<u>2000 GAL 7.5 HCL</u> <u>X LINK GEL FRAC</u> <u>1462 Bbls</u>	<u>50,000# 20/40 WHITE SAND</u>

Monitor Report to Free Focus

Min Gas Allowable (165:10-17-7) OR Oil Allowable (165:10-13-3)
 Gas Purchaser/Measurer _____ 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	FLOWING PRESSURE
	<u>4.2-19</u>	<u>15</u>				<u>104</u>	<u>DUMPING</u>			

AS SUBMITTED

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 Vickie Harter NAME (PRINT OR TYPE) VICKIE HARTER DATE 5-1-19 PHONE NUMBER 918-281-5274
 ADDRESS 1560 E 21ST ST STE 215 CITY TULSA STATE OK ZIP 74114 EMAIL ADDRESS vharter@exponent-energy.com

PLEASE TYPE OR USE BLACK INK ONLY
FORMATION RECORD

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

LEASE NAME RENICK WELL NO. 1-14

NAMES OF FORMATIONS	TOP
T. D.	9000.

FOR COMMISSION USE ONLY

ITD on file YES NO

APPROVED _____ DISAPPROVED _____ 2) Reject Codes _____

Were open hole logs run? yes no

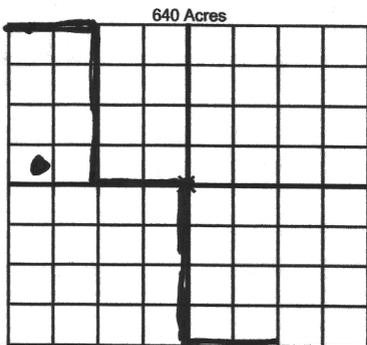
Date Last log was run 1-23-19

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 below _____

Other remarks: OCC - Operator side tanked well at 1170' right out from underneath surface casing.



BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC <u>13</u>	TWP <u>6S</u>	RGE <u>1W</u>	COUNTY <u>LOVE</u>	<u>362</u>
Spot Location <u>SE 1/4 SW 1/4 SW 1/4 NW 1/4</u>		Feet From 1/4 Sec Lines	FSL <u>190</u>	FWL <u>250</u>
Measured Total Depth <u>9000</u>		True Vertical Depth <u>8800</u>	BHL From Lease, Unit, or Property Line: <u>total 1284</u>	

BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE: (LATERALS)

LATERAL #1

SEC	TWP	RGE	COUNTY			
Spot Location		Feet From 1/4 Sec Lines		FSL	FWL	
Depth of Deviation		Radius of Turn	Direction		Total Length	
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:		

LATERAL #2

SEC	TWP	RGE	COUNTY			
Spot Location		Feet From 1/4 Sec Lines		FSL	FWL	
Depth of Deviation		Radius of Turn	Direction		Total Length	
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:		

LATERAL #3

SEC	TWP	RGE	COUNTY			
Spot Location		Feet From 1/4 Sec Lines		FSL	FWL	
Depth of Deviation		Radius of Turn	Direction		Total Length	
Measured Total Depth		True Vertical Depth		BHL From Lease, Unit, or Property Line:		

If more than three 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 must be located within the boundaries of the lease or spacing unit.

Directional surveys are required for all drainholes and directional wells.

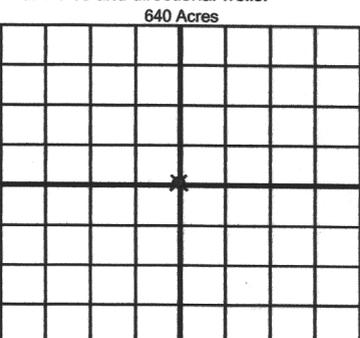


Image W-100/A

Showing Plugs Set in Abandon straight Hole

OKLAHOMA CORPORATION COMMISSION TO SEND THIS FORM TO THE OCC, PLEASE USE THE APPROPRIATE DISTRICT OFFICE ADDRESS (ON THE BACK OF THIS FORM)

Form 1003-10036 Rev. 2/01/18

TYPE OR USE BLACK INK

API NO. **085-21069A**

OTC PROD. UNIT NO

PLUGGING DATE **12/03/18**

PLUGGING RECORD

OAC 165-10-11-7 (PLEASE SEE INSTRUCTIONS ON BACK PAGE)

Well Name/No. **Renick 1-14**

Location **NE 1/4 NE 1/4 SE 1/4 NE 1/4** Sec **14** Twp **6S** Rge **1W**

1155 Ft FSL of 1/4 Sec **2410** Ft FWL of 1/4 Sec County **Love**

Total Depth **8728** Base of Treatable Water **990** Well Classification **OIL**

OPERATOR

Name **E2 OPERATING LLC** OTC/OCC No. **23901**

Address **1560 E 21st STE 215** Phone **918-281-5274**

City **TULSA** State **OK** Zip Code **74114** Email Addr. **vcharter@exponent-energy.com**

PIPE RECORD

Size	Run (ft)	Pulled (ft)	Conductor
			Surface
			I.C.
			I.C.
			P.C.
			Lnr.

PERFORATION DEPTHS

Set 1 -	From	To
Set 2 -	From	To
Set 3 -	From	To
Set 3 -	From	To

Plug	Type of Plug	Hole Size or Pipe Size	Depth	No. Sacks Cement	Slurry Volume	Calculated TOC	Measured Top of Plug If Tagged
1	CMT	5 1/2	8037	50	53	7872	
2	CMT	5 1/2	6670	50	53	6385	
3	CMT	7 7/8	3209	150	159	2744	
4							
5							

REMARKS

WANT TO DRILL SIDETRACK FROM SAME SURFACE LOCATION.

Reason for Plugging

CEMENTER CERTIFICATION

I certify that the cement plugs were placed in this well as shown on this report, per OCC instructions. The cementing was performed by me or under my direct supervision. I certify that all cementing data is true, correct and complete.

Signature *Tyler Rauschuber* Date Name and Title Typed or Printed **Tyler Rauschuber-Cementer**

Company Name **Quasar Energy Services, Inc** Permit No. **869**

Address **3288 FM 51** Phone

City **Gainesville** State **TX** Zip **76240**

OPERATOR CERTIFICATION

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented herein, and that data and facts presented are true, correct, and complete to the best of my knowledge. This covers all well data and information presented herein.

Signature *Vickie Charter* Date **4-24-19** Name and Title Typed or Printed **REG. AFF. VICKIE CHARTER**

CORPORATION COMMISSION USE ONLY

By signing this form, the District Manager has approved the contents thereof as to form only. Said District Manager does not warrant the facts provided by the operator are true or that the operator has properly plugged the described well.

Signature of District Manager _____ Field Inspector _____