

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.: 35019263440000

Completion Report

Spud Date: December 10, 2019

OTC Prod. Unit No.: N/A

Drilling Finished Date: December 20, 2019

1st Prod Date: February 22, 2020

Completion Date: February 19, 2020

Drill Type: STRAIGHT HOLE

Min Gas Allowable: Yes

Well Name: SW WILDCAT JIM DEESE UNIT 5-3

Purchaser/Measurer: TARGA RESOURCES PART.

Location: CARTER 6 2S 2W
SE SE SW SW
308 FSL 1080 FWL of 1/4 SEC
Derrick Elevation: 10 Ground Elevation: 1052

First Sales Date: 03/09/2020

Operator: MACK ENERGY CO 11739
PO BOX 400
1202 N 10TH ST
DUNCAN, OK 73534-0400

Completion Type		Location Exception		Increased Density	
X	Single Zone	Order No		Order No	
	Multiple Zone	There are no Location Exception records to display.		There are no Increased Density records to display.	
	Commingled				

Casing and Cement							
Type	Size	Weight	Grade	Feet	PSI	SAX	Top of CMT
SURFACE	9 5/8	40	J-55	1328		435	SURFACE
PRODUCTION	7	26	J-55	4410		540	SURFACE

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

Total Depth: 4448

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

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
Mar 09, 2020	DEESE	2	23	15	7500	307	PUMPING			

Completion and Test Data by Producing Formation

Formation Name: DEESE

Code: 404DEESS

Class: OIL

Spacing Orders

Order No	Unit Size
701901	UNIT

Perforated Intervals

From	To
4078	4200

Acid Volumes

550 GALLONS 7.5% NEFE HCL

Fracture Treatments

1,539 BARRELS, 70,000 POUNDS 16/30 SAND, 14,000 POUNDS RESIN SAND

Formation Name: DEESE

Code: 404DEESS

Class: OIL

Spacing Orders

Order No	Unit Size
701901	UNIT

Perforated Intervals

From	To
3884	3958

Acid Volumes

200 GALLONS 7.5% NEFE HCL

Fracture Treatments

396 BARRELS, 20,000 POUNDS 16/30 SAND, 4,000 POUNDS RESIN SAND
--

Formation Name: DEESE

Code: 404DEESS

Class: OIL

Spacing Orders

Order No	Unit Size
701901	UNIT

Perforated Intervals

From	To
3666	3754

Acid Volumes

400 GALLONS 7.5% NEFE HCL

Fracture Treatments

1,280 BARRELS, 55,000 POUNDS 16/30, 10,000 POUNDS RESIN

Formation Name: DEESE

Code: 404DEESS

Class: OIL

Spacing Orders

Order No	Unit Size
701901	UNIT

Perforated Intervals

From	To
3506	3544

Acid Volumes

400 GALLONS 7.5% NEFE

Fracture Treatments

1,228 BARRELS, 53,500 POUNDS 16/30 SAND, 10,000 POUNDS RESIN
--

Formation	Top
DEESE	3140

Were open hole logs run? Yes

Date last log run: December 19, 2019

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1144895

API No. 019-26344
OCC/OCC Operator No. 11739

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
(Rev. 2001)

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name SW WJ DOW	OCC District 3
*Operator Mack Energy Co	OCC/OCC Operator No. 11739
*Well Name/No. SW Wildcat Jim Deere Unit SWANU #53 5-3	County Carter
*Location SE 1/4 SE 1/4 SW 1/4 SW 1/4	Sec 6
	Twp 2S
	Rgp 2W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		12/10/19				
*Size of Drill Bit (inches)		12.25				
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)		9 5/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) (from ground level)		1,326				
Type of Cement (API Class) in first (lead) or only slurry		A Lite				
In second slurry		A				
In third slurry						
Sacks of Cement Used in first (lead) or only slurry		185				
In second slurry		250				
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		370.0				
In second slurry		313.0				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft.)		1,326				
Cement left in pipe (ft.)						

*Amount of Surface Casing Required (from Form 1000)

ft.


*Was cement circulated to Ground Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Slugging Tool (DV Tool) used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth?	ft.


CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks

*Remarks

CEMENTING COMPANY
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.
 Signature of Cementing Company or Authorized Representative

OPERATOR
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 in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed		Cody Martin Cementer	
Cementing Company		Quasar Energy Services	
Address		3288 FM 51	
City		Gainesville	
State	TX	Zip	76240
Telephone (AC) Number		940-612-3336	
Date		12/10/19	

Name & Title Printed or Typed		Pat Canaday, Prod. Supt.	
Operator		Mack Energy Co.	
Address		3730 Samedan Rd.	
City		Ratliff City	
State	OK	Zip	73481
Telephone (AC) Number		580-856-3705	
Date		3-12-20	

INSTRUCTIONS

- This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
 - An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
 - The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

API No. 019-26344
OTCCC Operator No. 11739

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
(Rev. 2001)

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000
OAC 165:10-3-4(h)

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TYPE OR USE BLACK INK ONLY

*Field Name SW WJDOU	OTCC District 3
*Operator Mack energy CO	OTCCC Operator No 11739
*Well Name No. SW WJDOU 5-3	County Carter
*Location SE 1/4 SE 1/4 SW 1/4 SW 1/4	Sec 6
	Tap 2S
	Age 2W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					12/19/19	
*Size of Drill Bit (Inches)					8.75	
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)					7	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level					4,420	
Type of Cement (API Class)					A	
In first (lead) or only slurry					A	
In second slurry						
In third slurry						
Sacks of Cement Used					340	
In first (lead) or only slurry					200	
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.7 x 15.7)					648.0	
In first (lead) or only slurry					320.0	
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft.)					6,427	
Cement left in pipe (ft.)					0	

*Amount of Surface Casing Required (from Form 1000)

2.

*Was cement circulated to Ground Surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	*Was Cement Staging Tool (D/V Tool) used?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
*Was Cement Bond Log run?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth?	2	

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

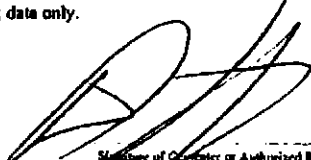
* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

Remarks

*Remarks


CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.


Signature of Cementer or Authorized Representative

OPERATOR

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 in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.


Signature of Operator or Authorized Representative

Name & Title Printed or Typed **Drew Hammer-Cemeter**

Cementing Company **Quasar Energy Services**

Address **3288 FM 51**

City **Gainesville**

State **TX** Zip **76240**

Telephone (AC) Number **940-612-3336**

Date **12/19/19**

Name & Title Printed or Typed **Pat Canaday**

*Operator **Mack Energy Co.**

*Address **3730 Samedan Rd.**

*City **Ratliff City**

*State **OK** *Zip **73481**

*Telephone (AC) Number **580-856-3705**

*Date **3-12-20**

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 C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

Form 1001A
Rev. 2018

SPUD DATE 12/9/19

(state the **EXACT DATE that the well was spudded)*

NOTIFICATION OF WELL SPUD

(OAC 165:10-3-2)

OPERATOR

Name	Mack Energy Co.	OTC/OCC Operator No.	11739 0
Address	4700 Gaillardia Parkway, Suite 102	Phone No.	(405) 832-9830
City	Oklahoma City	State	OK
		Zip	73142

WELL

Name/No.	SW WILDCAT JIM DEESE UNIT 5-3						API No.	01 926344
SE	1/4	SE	1/4	SW	1/4	SW	1/4	
Sec.	06	Twp.	2S	Rge.	2W	County	Carter	

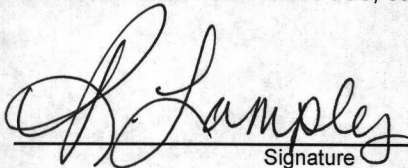
CORRESPONDENCE SHOULD BE MAILED TO

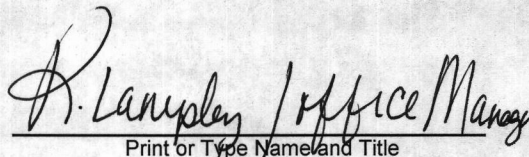
Name	Mack Energy Co.		
Address	4700 Gaillardia, Ste. 102		
City	Oklahoma City	State	OK
		Zip	73142

SURFACE CASING CEMENTED BY (if job completed)

Name	Quasar Energy Services, Inc.		
Address	3288 FM 51	Phone No.	1-940-612-3336
City	Gainesville	State	TX
		Zip	76240
Date Cemented	12/11/19		

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

 / Office Manager 12-12-19
Print or Type Name and Title Phone No.

Note: The district manager or field inspector shall be notified at least twenty-four (24) hours in advance, prior to commencing spudding operations.

INSTRUCTIONS

PLEASE TYPE OR USE BLACK INK

Complete and mail within 14 (fourteen) days after spudding to the Corporation Commission at the address below:

Oklahoma Corporation Commission
Oil & Gas Conservation Division
P.O. Box 52000
Oklahoma City, Oklahoma 73152-2000

RECEIVED
DEC 16 2019
Oklahoma Corporation Commission

DISTRICT I
115 West 6th Street
Bristow, OK 74010
(918) 367-3396
OGBristowOffice@occcemail.com

DISTRICT II
101 South 6th Street
Kingfisher, OK 73750
(405) 375-5570
OGKingfisherOffice@occcemail.com

DISTRICT III
1111 W. Willow, Suite 100
Duncan, OK 73533
(580) 255-0103
OGDuncanOffice@occcemail.com

DISTRICT IV
1318 Craddock Rd.
Ada, Oklahoma 74820
(580) 332-3441
OGAdaOffice@occcemail.com

SD

OKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
P.O. BOX 52000
OKLAHOMA CITY, OK 73152-2000
(Rule 165:10-3-1)

API NUMBER: 019 26344

Approval Date: 11/14/2019

Expiration Date: 05/14/2021

Straight Hole Oil & Gas

PERMIT TO DRILL

WELL LOCATION: Sec: 06 Twp: 2S Rge: 2W

County: CARTER

SPOT LOCATION: ☐ SE ☐ SE ☐ SW ☐ SW

FEET FROM QUARTER: FROM SOUTH FROM WEST

SECTION LINES: 308 1080

Lease Name: SW WILDCAT JIM DEESE UNIT

Well No: 5-3

Well will be 308 feet from nearest unit or lease boundary.

Operator Name: MACK ENERGY CO

Telephone: 5802525580; 5802525

OTC/OCC Number: 11739 0

MACK ENERGY CO
PO BOX 400
DUNCAN, OK 73534-0400

J PAUL JOHNSON
PO BOX 126
FOX OK 73435

Formation(s) (Permit Valid for Listed Formations Only):

	Name	Depth	Name	Depth
1	DEESE	3050	6	
2			7	
3			8	
4			9	
5			10	

Spacing Orders: 701901

Location Exception Orders:

Increased Density Orders:

Pending CD Numbers:

Special Orders:

Total Depth: 4400

Ground Elevation: 1052

Surface Casing: 1300

Depth to base of Treatable Water-Bearing FM: 1250

Under Federal Jurisdiction: No

Fresh Water Supply Well Drilled: No

Surface Water used to Drill: Yes

PIT 1 INFORMATION

Approved Method for disposal of Drilling Fluids:

Type of Pit System: ON SITE

A. Evaporation/dewater and backfilling of reserve pit.

Type of Mud System: WATER BASED

D. One time land application -- (REQUIRES PERMIT)

PERMIT NO: 19-37012

Chlorides Max: 5000 Average: 3000

Is depth to top of ground water greater than 10ft below base of pit? Y

Within 1 mile of municipal water well? N

Wellhead Protection Area? N

Pit is located in a Hydrologically Sensitive Area.

Category of Pit: 2

Liner not required for Category: 2

Pit Location is BED AQUIFER

Pit Location Formation: GARBER

Notes:

This permit does not address the right of entry or settlement of surface damages.
The duration of this permit is 18 MONTHS, except as otherwise provided by Rule 165: 10-3-1.
Rule 165: 10-3-4 (c) (7) (e) - The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.

Category	Description
HYDRAULIC FRACTURING	<p>10/22/2019 - GC2 - OCC 165:10-3-10 REQUIRES:</p> <p>1) PRIOR TO COMMENCEMENT OF HYDRAULIC FRACTURING OPERATIONS FOR HORIZONTAL WELLS, NOTICE GIVEN FIVE BUSINESS DAYS IN ADVANCE TO OFFSET OPERATORS WITH WELLS COMPLETED IN THE SAME COMMON SOURCE OF SUPPLY WITHIN 1/2 MILE;</p> <p>2) WITH NOTICE ALSO GIVEN 48 HOURS IN ADVANCE OF HYDRAULIC FRACTURING ALL WELLS TO BOTH THE OCC CENTRAL OFFICE AND LOCAL DISTRICT OFFICES, USING THE "FRAC NOTICE FORM" FOUND AT THE FOLLOWING LINK: OCCWEB.COM/OG/OGFORMS.HTML; AND,</p> <p>3) THE CHEMICAL DISCLOSURE OF HYDRAULIC FRACTURING INGREDIENTS FOR ALL WELLS TO BE REPORTED TO FRACFOCUS WITHIN 60 DAYS AFTER THE CONCLUSION THE HYDRAULIC FRACTURING OPERATIONS, USING THE FOLLOWING LINK: FRACFOCUS.ORG</p>
SPACING - 701901	<p>11/14/2019 - GC2 - (UNIT) SW4 SW4 6-2S-2W</p> <p>EST SW WILDCAT JIM DEESE OPERATING UNIT FOR THE DEESS</p>