

Instructions on Back

OKLAHOMA CORPORATION COMMISSION

Form 1029A

Oil & Gas Conservation Division

Rev. 2010

Post Office Box 52000-2000

Oklahoma City, Oklahoma 73152-2000

Category (Check One)

- Initial
- Annual
- Retest
- Recompletion

Production or Potential Test

OAC 165:10-13-3

Please type or print using black ink.

Operator Citation Oil & Gas Corp.			Operator Number 14156	
Address P.O. Box 690688			Phone Number 281-891-1555	
City Houston	State TX	Zip 77269	Fax Number 281-580-2168	

- Allocated Oil Well (field rules)
 Unallocated per well (spaced)
 Unallocated per lease (unspaced)
- Enhanced Recovery Unit Order No. _____
 Horizontal Order No. _____
 Discovery Well Order No. _____

Well Name & Number Wildcat Jim Unit 108A		Production Unit No.			API Number 35-019-25967	
Surface Location within 289' FSL & 850' FEL		Sec. 17	Twp. 2S	Rge. 2W	County Carter	
Bottom Location within Section		Sec.	Twp.	Rge.	County	

Test

	Gas-Oil Ratio	Date		Time		24 Hr. Prod.		Gravity
		Start	End	Start	End	Oil	Gas	Water
Present		12/04/13	12/05/13	7:00 AM	7:00 AM	72	0	25.3
Initial								

Pool Name and Number Wildcat Jim		Perfs 1436'-3165'		
Producing formation(s) Hoxbar-Deese				
Date of 1st Production 12/05/13	Number of wells on lease (list on reverse) 206	Is production metered together? <input type="checkbox"/> yes <input type="checkbox"/> no		
Oil Purchaser Enterprise Crude Oil			OTC Number 22275	
Gas Measurer Atlas Midcontinent			OTC Number 21575	

Load oil yes no amount _____ bbls

Spacing Order 97490	Size Increased Density	Location Exception Order Number
Commingling Order Number		Multiple Zone Completion Order Number

Horizontal

Unit Acre Size	True Vertical Depth	Horizontal Component _____ feet	Feet of Lateral _____
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- (A) Pipe Tap
 (B) Orifice Tester
 (C) Size Tester _____

Choke size	Tubing size	Casing size	Gas Meter Type	Size Run (A)	Differential (A)
Size Plate (A,C)		24-H. Coeff (B,C)		Pressure (lbs, H ₂ O, Hg) (B,C)	

(over)

UNALLOCATED PER LEASE and ENHANCED RECOVERY UNIT well list:

API NO.	WELL NAME and NUMBER	LOCATION Section-Township-Range	FORMATION NAME	DATE OF 1st PRODUCTION	24-HR POTENTIAL	
					OIL (BBLS)	GAS (MCF)
	See attachment					
TOTAL 24-HR LEASE POTENTIAL					1047	0

ATTACH ADDITIONAL PAGE IF NECESSARY.

I declare that I have knowledge of the contents of this report with the date and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

Sandra Goncalves
Signature of Operator's Representative

Sandra Goncalves / Completion Analyst
Name & Title (Typed or Printed)

Signature of Corporation Commission Representative

Name & Title (Typed or Printed)

Signature of DISCOVERY TEST OFFSET OPERATOR

Company Name

INSTRUCTIONS

- 1 Use a separate form for each well unless testing an unallocated lease or EOR unit.
- 2 Testing time shall be not less than 6 hours or more than 24 hours.
- 3 Test shall be submitted within 30 days after completion. No allowable shall be assigned to the well until this form has been accepted by the division.
- 4 Effective date of test is the completion date; late-filed tests are effective the first day following the month the test is accepted by the division; no allowable shall be assigned to the well until the Form 1002A and logs have been accepted by the division.
- 5 Allowable shall be the rate indicated on the Allocated or Discovery Well Allowables Tables, whichever is appropriate, or by special field rules.
- 6 Discovery initial tests must be witnessed by a representative of any offset operator in the pool and a representative of the division, unless waived.
- 7 Operator chooses between a lease or well allowable if the formation is unspaced. A lease allowable is the shallowest 10-acre allowable from the allowable table for each well; a well allowable uses 10-acre spacing from the allowable table.
- 8 Falsification of reports is subject to penalty, O.S.L. 1933.