



API NO  
**017-23479**

OTC PROD UNIT NO  
**017-102198**

Rule 165 10-3-25  
 ORIGINAL  
 AMENDED  
 Reason Amended \_\_\_\_\_

**COMPLETION REPORT**  
 OKLAHOMA CORPORATION COMMISSION  
 Oil & Gas Conservation Division  
 Post Office Box 52000-2000  
 Oklahoma City, Oklahoma 73152-2000

**801211050**

*4040 SW* *404 CRK*

COMPLETION & TEST DATA BY PRODUCING FORMATION

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 <b>Canadian</b>	SEC <b>20</b>	TWP <b>12N</b>	RGE <b>5W</b>
LEASE NAME: <b>L.M. SPENCER</b>		WELL NO <b>#1-20</b>	
SHL <b>SE 1/4 NW 1/4 SW 1/4 SW 1/4</b>		FSL <b>940</b>	FWL OF 1/4 SEC <b>385</b>
ELEVATION Derrick Ft <b>1360'</b> Ground <b>1349'</b>		SPUD DATE <b>8-17-97</b>	
DRILLING FINISHED <b>10-1-97</b>		WELL COMPLETION <b>11-19-97</b>	
1ST PROD DATE <b>11-1-97</b>		RECOMP DATE	


LOCATE WELL

FORMATION	<b>Oswego</b>	<b>Cherokee Group (Skinner &amp; Non Conform)</b>
SPACING & SPACING ORDER NUMBER	<b>80 Acre Spacing - All Zones Spacing Order # 172495 - All Zones</b>	
CLASS Oil, Gas, Dry, Inj Disp, Comm Disp	<b>Oil</b>	<b>Oil</b>
PERFORATED INTERVALS	<b>8254-8300'</b>	<b>8416 - 8701'</b>
ACID VOLUME	<b>4 HPF</b>	<b>1 HPF</b>
Fracture Treated?		<b>2 HPF</b>
Fluids Amounts	<b>58,500</b>	

OPERATOR NAME <b>Kirkpatrick Oil Company, Inc.</b>	OTC OCC OPERATOR NO <b>19792-1</b>
ADDRESS <b>P. O. Box 86 (Home Office Oklahoma City)</b>	
CITY <b>Hennessey</b>	STATE <b>OK</b>
	ZIP <b>73742</b>

COMPLETION TYPE	<input type="checkbox"/> SINGLE ZONE
	<input type="checkbox"/> MULTIPLE ZONE ORDER NO
	<input checked="" type="checkbox"/> COMINGLED ORDER NO <b>Pending 420398</b>
	<input type="checkbox"/> LOCATION EXCEPTION ORDER NO
	<input type="checkbox"/> INCREASED DENSITY ORDER NO
	<input type="checkbox"/> PENALTY

OIL OR GAS ZONES FORMATIONS	TOP	BOTTOM
<b>Oswego</b>	<b>8254</b>	<b>8300</b>
<b>Cherokee Group (Skinner &amp; Non Conf)</b>	<b>8416</b>	<b>8701</b>
<b>Mississippi</b>	<b>8886</b>	<b>8937</b>
<b>Hunton</b>	<b>9056</b>	<b>9104</b>

INITIAL TEST DATA

INITIAL TEST DATE	<b>12-1-97</b>	
OIL-BBL/DAY	<b>35</b>	<b>PUT WELL ON PUMPING</b>
OIL GRAVITY (API)	<b>43°</b>	<b>UNIT 11-29-97.</b>
GAS-MCF/DAY	<b>109</b>	<b>PRESENTLY PRODUCING</b>
GAS-OIL RATIO CU FT/BBL	<b>3114/1</b>	<b>FROM ALL ZONES ...</b>
WATER-BBL/DAY	<b>19 BLW</b>	<b>14 Oil - 10 BLW -</b>
PUMPING OR FLOWING	<b>Pumping</b>	<b>124 MCFPD</b>
INITIAL SHUT-IN PRESSURE	<b>1100#</b>	
CHOKE SIZE		<b>ZONES NOT TESTED SEPARATELY</b>
FLOW TUBING PRESSURE	<b>N/A</b>	

CASING & CEMENT (Form 1002C must be attached)

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor	<b>16"</b>			<b>60'</b>		<b>10</b>		<b>Surface</b>
Surface	<b>9 5/8"</b>	<b>36#</b>	<b>K-55</b>	<b>1967'</b>		<b>825</b>		<b>Surface</b>
Intermediate								
Production	<b>5 1/2"</b>	<b>17#</b>	<b>N-80</b>	<b>9438'</b>		<b>850</b>		<b>7550'</b>
Liner								

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ TOTAL DEPTH **9440'**

PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_

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 date and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

SIGNATURE *Glen Blasier* NAME (PRINT OR TYPE) **Glen Blasier**

**Kirkpatrick Oil Co, Inc.**

Box 86 Hennessey OK 73742

ADDRESS CITY STATE ZIP

**1-13-98 (405) 853-2922**

DATE PHONE NUMBER



API NO  
017-23479

OTC PROD UNIT NO  
017-102198

X Rule 165 10-3-25  
ORIGINAL

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Reason Amended

COMPLETION REPORT  
OKLAHOMA CORPORATION COMMISSION  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000

Page #2  
L.M SPENCER #1-20  
SE-NW-SW-SW  
Sec. 20-12N-5W  
Canadian County, OK

Form 1012A  
Rev 1996

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 <b>CANADIAN</b>	SEC <b>20</b>	TWP <b>12N</b>	RGE <b>SW</b>
WELL NAME <b>L.M. SPENCER</b>	WELL NO <b>#1-20</b>		
SHEATH <b>SE 1/4 NW 1/4 SW 1/4 SW 1/4</b> 940' FSL 385' FWL OF 1/4 SEC			
ELEVATION Derrick Fl <b>1360'</b> Ground <b>1349'</b>		SPUD DATE <b>8-17-97</b>	
DRILLING FINISHED <b>10-1-97</b>		WELL COMPLETION <b>11-19-97</b>	
1ST PROD DATE <b>11-1-97</b>		RECOMP DATE	


LOCATE WELL

FORMATION	351 MISS Mississippi	26A HHTN Hunton
SPACING & SPACING ORDER NUMBER	<b>80</b> <b>172495</b>	<b>80</b> <b>172495</b>
CLASS Oil, Gas, Dry, Inj Disp, Comm Disp	Oil	Oil
PERFORATED INTERVALS	8886-8937'	9056-9104'
	4 HPF	4 HPF
ACID/VOLUME		
Fracture Treated?		
Fluids Amounts		3746'

OPERATOR NAME <b>Kirkpatrick Oil Company, Inc.</b>	OTC/OCC OPERATOR NO <b>19792-1</b>
ADDRESS <b>P.O. Box 86 (Home Office - Oklahoma City)</b>	
CITY <b>Hennessey</b>	STATE <b>OK</b>
	ZIP <b>73742</b>

COMPLETION TYPE	SINGLE ZONE *
	MULTIPLE ZONE ORDER NO
	COMMINGLED ORDER NO
	LOCATION EXCEPTION ORDER NO
	INCREASED DENSITY ORDER NO
	PENALTY

OIL OR GAS ZONES	TOP	BOTTOM
FORMATIONS		

CASING & CEMENT (Form 1002C must be attached)	TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
	Conductor								
	Surface								
	Intermediate								
	Production								
	Liner								
PACKER @		BRAND & TYPE			TOTAL DEPTH				
PLUG @		TYPE							

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

SEE PAGE #1

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 date and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

SIGNATURE	NAME (PRINT OR TYPE)
ADDRESS	CITY STATE ZIP
DATE	PHONE NUMBER

