

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.: 35073247340000

Completion Report

Spud Date: February 28, 2012

OTC Prod. Unit No.:

Drilling Finished Date: February 28, 2012

1st Prod Date:

Completion Date: February 28, 2012

Drill Type: STRAIGHT HOLE

Well Name: WASHINGTON 1-25

Purchaser/Measurer:

Location: KINGFISHER 25 16N 6W
 C NE
 1320 FSL 1320 FWL of 1/4 SEC
 Derrick Elevation: 0 Ground Elevation: 0

First Sales Date:

Operator: SUPERIOR OIL & GAS COMPANY OF OKLAHOMA 21997

844 S WALBUAM RD
 CALUMET, OK 73014-8528

Completion Type	
<input type="checkbox"/>	Single Zone
<input type="checkbox"/>	Multiple Zone
<input type="checkbox"/>	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
CONDUCTOR	16			70		9	SURFACE

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

Total Depth: 70

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

Plug	
Depth	Plug Type
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
There are no Initial Data records to display.										

Completion and Test Data by Producing Formation

Formation Name: N/A	Code:	Class: DRY
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Formation	Top
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Were open hole logs run? No

Date last log run:

Were unusual drilling circumstances encountered? No

Explanation:

Other Remarks
There are no Other Remarks.

FOR COMMISSION USE ONLY	
Status: Accepted	1122359

AS SUBMITTED

RECEIVED

DEC 05 2013

Form 1002A
Rev. 2009

API NO. **073-24734**
OTC PROD. UNIT NO.

PLEASE TYPE OR USE BLOCK LETTERS
NOTE:

Attach copy of original
if recompletion of

Rule 165:10-3-25

OKLAHOMA CORPORATION COMMISSION

ORIGINAL
 AMENDED (Reason) _____

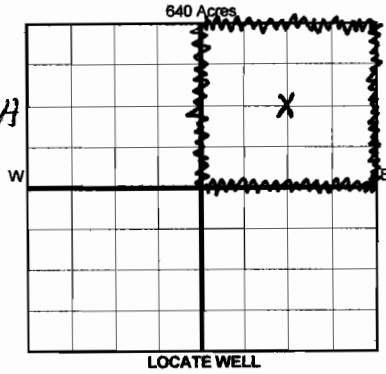
COMPLETION REPORT

TYPE OF DRILLING OPERATION

STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
 SERVICE WELL

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

SPUD DATE
DRLG FINISHED DATE
DATE OF WELL COMPLETION 2-28-2012 P&H
1st PROD DATE
RECOMP DATE
Longitude (if known)
OTC/OCC OPERATOR NO. 21997-0



COUNTY Kingfisher	SEC 25	TWP 16N	RGE 06W
LEASE NAME Washington	WELL NO. 1-25	FSL OF 1/4 SEC 1320	
ELEVATION Ground		Latitude (if known)	
OPERATOR NAME Superior Oil and Gas Co. of Okla.		ADDRESS 844 S. Walbaum Rd.	
CITY Calumet	STATE OK	ZIP 73014	

COMPLETION TYPE
SINGLE ZONE
MULTIPLE ZONE
Application Date
COMMINGLED
Application Date
LOCATION
EXCEPTION ORDER
INCREASED DENSITY ORDER NO.

CASING & CEMENT (Form 1002C must be attached)							
TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR	16"			70'			
SURFACE							
INTERMEDIATE							
PRODUCTION							
LINER							
TOTAL DEPTH							70

PACKER @ _____ BRAND & TYPE _____ PLUG @ _____ TYPE _____ PLUG @ _____ TYPE _____
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	Dry						
PERFORATED INTERVALS							
ACID/VOLUME							
FRACTURE TREATMENT (Fluids/Prop Amounts)							

Min Gas Allowable (165:10-17-7) OR Gas Purchaser/Measurer First Sales Date _____
 Oil Allowable (165:10-13-3)

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					

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.

	Daniel Lloyd, Jr.	12/3/2013	405-884-2080
SIGNATURE	NAME (PRINT OR TYPE)	DATE	PHONE NUMBER
844 S. Walbaum Rd.	Calumet OK 73014	sog@pdi.net	
ADDRESS	CITY STATE ZIP	EMAIL ADDRESS	

