

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.: 35129224730002

**Completion Report**

Spud Date: April 18, 2003

OTC Prod. Unit No.: 129-111539

Drilling Finished Date: June 11, 2003

1st Prod Date: August 12, 2003

**Amended**

Completion Date: July 11, 2003

Amend Reason: RECOMPLETION

Recomplete Date: May 01, 2014

**Drill Type: STRAIGHT HOLE**

Well Name: SOVEREIGN 3-1

Purchaser/Measurer:

Location: ROGER MILLS 1 16N 26W  
E2 E2 SW SE  
660 FSL 1165 FWL of 1/4 SEC  
Derrick Elevation: 0 Ground Elevation: 0

First Sales Date:

Operator: CALEBS RESOURCES LLC 20561  
PO BOX 6655  
18801 WOODY CREEK DR  
EDMOND, OK 73083-6655

Completion Type	
<input type="checkbox"/>	Single Zone
<input type="checkbox"/>	Multiple Zone
<input checked="" type="checkbox"/>	Commingled

Location Exception
Order No
474082

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	20			40		7	SURFACE
SURFACE	13 3/8	48	K-55	658		525	SURFACE
INTERMEDIATE	9 3/8	40	K-55	5003		1135	SURFACE
PRODUCTION	7	23	HCP-110	11982		280	10000

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

**Total Depth: 14033**

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
Apr 28, 2014	ATOKA			5			PUMPING	80		

<b>Completion and Test Data by Producing Formation</b>															
Formation Name: ATOKA		Code: 403ATOK	Class: GAS												
<table border="1" style="width: 100%;"> <tr> <th colspan="2">Spacing Orders</th></tr> <tr> <th>Order No</th><th>Unit Size</th></tr> <tr> <td>147207</td><td>640</td></tr> </table>		Spacing Orders		Order No	Unit Size	147207	640	<table border="1" style="width: 100%;"> <tr> <th colspan="2">Perforated Intervals</th></tr> <tr> <th>From</th><th>To</th></tr> <tr> <td>11848</td><td>11865</td></tr> </table>		Perforated Intervals		From	To	11848	11865
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147207	640														
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100 GALLONS															
Fracture Treatments															
There are no Fracture Treatments records to display.															

Formation	Top
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Were open hole logs run? No

Date last log run:

Were unusual drilling circumstances encountered? No

Explanation:

<b>Other Remarks</b>
There are no Other Remarks.

## FOR COMMISSION USE ONLY

Status: Accepted	1124104
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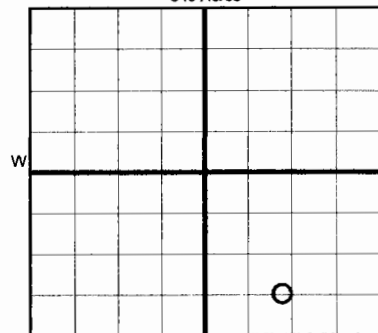
**AS SUBMITTED****RECEIVED**Form 1002A  
Rev. 2009API NO. 129-22473  
OTC PROD. UNIT NO. 129-111539PLEASE TYPE OR USE BLACK INK  
NOTE:Attach copy of original 1002  
if recompletion or reentry.Post Office Box 52000  
Oklahoma City, Oklahoma 73152-2000  
Rule 165:10-3-25**MAY 01 2014**☐ ORIGINAL  
☒ AMENDED (Reason)**Recompletion****COMPLETION REPORT****TYPE OF DRILLING OPERATION**☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE  
☐ SERVICE WELL

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

COUNTY	Roger Mills	SEC	1	TWP	16N	RGE	26W
LEASE NAME	Sovereign			WELL NO.	3-1		
ELEVATION	Ground	FSL OF 1/4 SEC	660	FWL OF 1/4 SEC	1165		
OPERATOR NAME	Calebs Resources, L. L. C.			OTC/OCC OPERATOR NO.	20561-0		
ADDRESS	P. O. Box 6655						
CITY	Edmond	STATE	OK	ZIP	73083		

**OKLAHOMA CORPORATION COMMISSION**

640 Acres

**LOCATE WELL****COMPLETION TYPE**

SINGLE ZONE	
MULTIPLE ZONE	
Application Date	
COMMINGLED	
Application Date	5/1/2014
LOCATION	474082
EXCEPTION ORDER	
INCREASED DENSITY	
ORDER NO.	

**CASING & CEMENT (Form 1002C must be attached)**

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	TOP OF CMT
CONDUCTOR	20			40			surface
SURFACE	13 3/8	48	K55	675		525	surface
INTERMEDIATE	9 5/8	40	K55	5021		1385	surface
PRODUCTION	7	23	HCP110	12000		280	10000
LINER							
						TOTAL DEPTH	14033

 PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_  
 PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_
**COMPLETION & TEST DATA BY PRODUCING FORMATION**

FORMATION	Atoka					
SPACING & SPACING ORDER NUMBER	640 acres 147207					
CLASS: Oil, Gas, Dry, Inj, Disp, Comm Disp, Svc	Gas					
PERFORATED INTERVALS	11848-65					
ACID/VOLUME	100 gals					
FRACTURE TREATMENT (Fluids/Prop Amounts)	None					

Min Gas Allowable (165:10-17-7)

Gas Purchaser/Measurer



OR

First Sales Date

**INITIAL TEST DATA**

Oil Allowable (165:10-13-3)

INITIAL TEST DATE	4/28/2014				
OIL-BBL/DAY					
OIL-GRAVITY ( API)					
GAS-MCF/DAY	5				
GAS-OIL RATIO CU FT/BBL					
WATER-BBL/DAY					
PUMPING OR FLOWING					
INITIAL SHUT-IN PRESSURE	80 PSI				
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.

SIGNATURE	Leland J. McVay	DATE	5/1/2014	PHONE NUMBER	405-330-8252
P. O. Box 6655	Edmond	OK	73083	HYTECH7@cox.net	
ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS	

Per original 1002A

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

FOR COMMISSION USE ONLY	
ITD on file	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPROVED	DISAPPROVED
2) Reject Codes	

Were open hole logs run? ☐ yes ☐ no

Date Last log was run \_\_\_\_\_

Was CO<sub>2</sub> encountered? ☐ yes ☐ no at what depths? \_\_\_\_\_

Was H<sub>2</sub>S encountered? ☐ yes ☐ no at what depths? \_\_\_\_\_

Were unusual drilling circumstances encountered? ☐ yes ☐ no

If yes, briefly explain below \_\_\_\_\_

Other remarks:

A blank 10x10 grid for graphing, with a thick horizontal line across the middle and a thick vertical line down the middle, dividing it into four 5x5 quadrants.

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.

A blank 10x10 grid with a thick vertical line in the 5th column and a thick horizontal line in the 5th row, dividing the grid into four 5x5 quadrants.

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

LATERAL #1						
SEC	TWP	RGE	COUNTY			
Spot Location						
1/4		1/4	1/4	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:			

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

AS SUBMITTED

RECEIVED

API NO. 129-22473  
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PLEASE TYPE OR USE BLACK INK  
NOTE:

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MAY 01 2014

Form 1002A  
Rev. 2009

1016EZ

☐ ORIGINAL  
☒ AMENDED (Reason)

Recompletion

TYPE OF DRILLING OPERATION

☒ STRAIGHT HOLE ☐ DIRECTIONAL HOLE ☐ HORIZONTAL HOLE  
☐ SERVICE WELL

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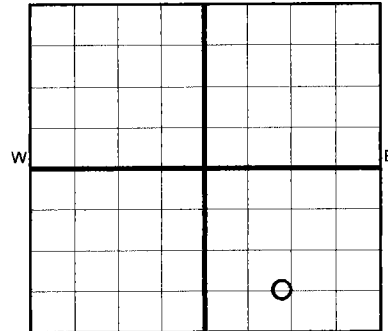
COUNTY **Roger Mills** SEC **1** TWP **16N** RGE **26W**  
LEASE NAME **Sovereign** WELL NO. **3-1**  
ELEVATION **E/2 1/4 F/2 1/4 SW 1/4 SE 1/4** FSL OF 1/4 SEC **660** FWL OF 1/4 SEC **1165**  
N Derrick Ground Latitude (if known)  
OPERATOR NAME **Calebs Resources, L. L. C.** OTC/OCC OPERATOR NO. **20561-0**  
ADDRESS **P. O. Box 6655**  
CITY **Edmond** STATE **OK** ZIP **73083**

COMPLETION REPORT

SPUD DATE **4/18/2003**  
DRLG FINISHED DATE **6/11/2003**  
DATE OF WELL COMPLETION **7/11/2003**  
1st PROD DATE **8/12/2003**  
RECOMP DATE **5/1/2014**  
Longitude (if known)

OKLAHOMA CORPORATION  
COMMISSION

640 Acres



LOCATE WELL

COMPLETION TYPE

☐ SINGLE ZONE  
☐ MULTIPLE ZONE  
Application Date  
☐ COMMINGLED  
Application Date **5/1/2014**  
LOCATION **474082**  
EXCEPTION ORDER  
INCREASED DENSITY  
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OIL-GRAVITY (API)						
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P. O. Box 6655 Edmond OK 73083  
ADDRESS CITY STATE ZIP EMAIL ADDRESS **HYTECH7@cox.net**

SCANNED